

(1) PLACE OF BIRTH

County of Spartanburg
Township of Rich Springs
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 10020 - For State Registrar Only

Registration District No. 4011 B Registered No. 1
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Unnamed Young If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? no (7) DATE OF BIRTH Jan 3 23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Harold Snow
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth Two

MOTHER.
(14) NAME BEFORE MARRIAGE Annie May Young
(15) PRESENT POSTOFFICE OF MOTHER Arcadia, S.C.
(16) COLOR OR RACE negro
(17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:45 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lina + Hayden
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Arcadia, S.C.

Given name added from a supplemental report

(26) Witness S. B. Moore M.D.
(Signature of witness necessary only when question 22 is signed by mark)
(27) Filed Feb 1 1923 (28) S. B. Moore
Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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