

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or
In. Town ofor
City of Spartanburg

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1908

Registration District No. 40 Registered No. 270
(For use of Local Registrar)(No. 182 Wofford Campus St.; Ward)(2) Full Name of Child ALFRED SHERIFF GRAMLING If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 10, 1923</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Andrew Coper Gramling(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(Year)(12) BIRTHPLACE Orangeburg, S.C.(13) OCCUPATION Student(14) NAME BEFORE MARRIAGE Eva Sheriff(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Year)(18) BIRTHPLACE Pickens County, Gasley, S.C.(19) OCCUPATION Wife(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at A. M.,
on the date above stated. (If stillborn, state hour A. M. or P. M.)(23) (Signature) Alfred M. D. Spivey, M.D.(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 27 is signed by mark)

(26) Filed 7-1-23 (27) James C. O'Neil
Local RegistrarWhen 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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