

MARGIN RESERVED FOR BINDING
 WRITING PLAINLY, WITH UNFAINTING INK—THIS IS A PERMANENT RECORD.
 IN INK—IN CASE OF LOSS, THIS OFFICE, NO. 2, THIS OFFICE, NO. 2, ETC., IN QUESTION &

(1) PLACE OF BIRTH

County of Spartanburg
 Township of
 or
 Inc. Town of
 or
 City of Spartanburg
 (if birth occurs in 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
2445

Registration District No. 40-a Registered No. 34
 (For use of Local Registrar)
 (No. 53 Cleveland St. St.; Ward)
 (if birth occurs in hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Minnie Lee Teseniar

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 21</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME C. E. Teseniar
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION Sabores
 (20) Number of children born to mother, including present birth Three (3)

(14) NAME BEFORE MARRIAGE Mary Owens
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE N.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:15 M., on the date above stated. (Born alive or stillborn: (Hour, M. or P. M.))

(23) (Signature) W. S. Parker
 (24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2-1-22 (28) Jan. Cooper 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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