

MAKING RESERVE FOR BINDING.
WHITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN. No. 1 THE OTHER, No. 2, etc., in question 5

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
or
Inc. Town of
or
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
20232

Registration District No. 4008 Registered No. 159
(For use of Local Registrar)
(No. R2 St.; Ward)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Apr 14</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Rufus Johnson</u>			14) NAME BEFORE MARRIAGE <u>Mary Aburnathy</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg R2 SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg R2 SC</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	16) COLOR OR RACE <u>White</u>		
12) BIRTHPLACE <u>SC</u>		17) AGE AT LAST BIRTHDAY <u>36</u> (Years)		
13) OCCUPATION <u>Farmer</u>			18) BIRTHPLACE <u>SC</u>	
20) Number of children born to mother, including present birth <u>8</u>			19) OCCUPATION <u>Housewife</u>	
			21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Chapman

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Whitney SC

Given name added from a supplemental report

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

(27) Filed 7-1-22 (28) E. J. Parker 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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