CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 32364

(1) PLACE OF BIRTH
County of Spartanburg
Township of Spartanburg
or
Inc. Town of .....
or
City of Spartanburg (No. R2 St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4008 Registered No. 337
(For use of Local Registrar)

(2) Full Name of Child Carrie May Gotter — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: Girl
(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH: Sept. 5, 1922 (Month) (Day) (Year)

FATHER.

(8) FULL NAME: Ca. G. Gotter
(9) PRESENT POSTOFFICE OF FATHER: Spartanburg R2 S.C.
(10) COLOR OR RACE: white (11) AGE AT LAST BIRTHDAY ..... (Years)
(12) BIRTHPLACE: Ga
(13) OCCUPATION: Cotton mill Operator
(20) Number of children born to mother, including present birth: 5

MOTHER.

(14) NAME BEFORE MARRIAGE: Marie Orrison
(15) PRESENT POSTOFFICE OF MOTHER: Spartanburg R2 S.C.
(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY ..... (Years)
(18) BIRTHPLACE: Ga
(19) OCCUPATION: Housewife
(21) Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W H Chapman
(24) State whether Physician or Midwife: Phys
(25) Address of Physician or Midwife: Whitney S.C.

Given name added from a supplemental report
..... 19 ....
Registrar

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

(27) Filed Sept 26 1922 (28) Mrs. C. F. 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.

fifth month of pregnancy. should make this return.