

(1) PLACE OF BIRTH

County of Spartanburg
 Township of # 3
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
16592

Registration District No. 3902 Registered No. 27
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Carrie Sparman { 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 (6) Are Parents Married? no (7) DATE OF BIRTH May 17, 1927
 (Name of Month) (Day) (Year)

FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lusiana Sparman
 (15) PRESENT POSTOFFICE OF MOTHER Union St. S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 39 (Years)
 (18) BIRTHPLACE Andrewsberry, S.C.
 (19) OCCUPATION Day Laborer
 (20) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lusiana Sparman
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Union St. 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 May 18, 1927 (28) J. Oscar Lockman 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.