

(1) PLACE OF BIRTH

### CERTIFICATE OF BIRTH

File No.—For State Registrar Only  
**79284**

County of Spartanburg  
Township of Paclet  
or  
Loc. Town of 12  
or  
City of (No.)

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

Registration District No. 4006 Registered No. 126  
(For use of Local Registrar)

(2) Full Name of Child Calvin B. Petty (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 23 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 24 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Claude Petty  
(9) PRESENT POSTOFFICE OF FATHER Trough S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Millwork  
(14) Number of children born to mother, including present birth 4

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Willa Martin  
(15) PRESENT POSTOFFICE OF MOTHER Trough S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 4

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) W. L. Kirkpatrick  
(24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Paclet S.C.

Extra name added from a supplemental report  
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Oct 7 1916 (28) M. W. Crown 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.