

(1) PLACE OF BIRTH

County of Spartanburg
Township of Beach Springs
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

91763

Registration District No. 44-C Registered No. 218
(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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Dec 26 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Not known
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Etta Brooks
(15) PRESENT POSTOFFICE OF MOTHER Sumner, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Madison Co. N.C.
(19) OCCUPATION Cotton Mill Operative
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. J. Shannon M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sumner

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 29 1916 (28) E. C. Rogers 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.