

FILE NO.

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

79234

City of *Spartanburg*
County of *Cherokee*

Town of

Registration District No. *1000*

Registered No. *237*

(For use of Local Registrar)

or

(No. _____)

St. _____

Ward _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child _____

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

SEX

(4) Twin or Triplet?

(5) Number in order of birth *1*

(6) Sex *Male*

(7) DATE OF BIRTH

Sept. 13

191*6*

(To be entered only in event of twins or triplets)

(Name of Month) (Day) (Year)

FATHER

FULL NAME

Mark Robbins

PRESENT POSTOFFICE OF FATHER

Cherokee R.F.D. 1

COLOR OR RACE

White

(8) AGE AT LAST BIRTHDAY

25

(Years)

BIRTHPLACE

Rutherford

OCCUPATION

Farming

Number of children born to mother, including present birth

1

MOTHER

(12) NAME BEFORE MARRIAGE

Oprie Tyler

(13) PRESENT POSTOFFICE OF MOTHER

Cherokee R.F.D. 1

(14) COLOR OR RACE

White

(15) AGE AT LAST BIRTHDAY

20

(Years)

(16) BIRTHPLACE

Spartanburg

(17) OCCUPATION

Housekeeping

(18) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Male* at *5* *5* *A.M.* on the date above stated.

(Born alive or stillborn)

(Hour A.M. or P.M.)

(23) (Signature) *J. E. M. [illegible]*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Cherokee Co.

See name added from a supplemental report

191*6*

Registrar

(26) Witness

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

(27) Filed *Sept 15 1916*

(28)

[Signature]

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.