

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		74791	
Township of <u>Pacolet SC</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>4506</u>		Registered No. <u>119</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child. <u>Fred Wilson Tiner</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 18 1916</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>William C. Tiner</u>			(14) NAME BEFORE MARRIAGE <u>Elija West</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Pacolet SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pacolet SC</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)
(12) BIRTHPLACE <u>Auraria Georgia</u>			(18) BIRTHPLACE <u>West Springs SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10:30 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>M. W. Brown</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Physician Pacolet SC</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191....			<u>M. W. Brown</u>		
.....			(27) Filed <u>Aug 10 1916</u> (28) Local Registrar		
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.