

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Walnut Grove*

or

Inc. Town of

or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

79382

Registration District No. *4010*Registered No. *39*

(For use of Local Registrar)

(2) Full Name of Child *Not named*

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 *1*

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Sept 4* 191*6*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Jera Sweeney*(9) PRESENT POSTOFFICE OF FATHER *Raeburn SC*(10) COLOR OR RACE *Black*(11) AGE AT LAST BIRTHDAY *27*

(Years)

(12) BIRTHPLACE *Spartanburg CO*(13) OCCUPATION *Work on farm*(14) Number of children born to mother, including present birth *2*

## MOTHER.

(15) NAME BEFORE MARRIAGE *Hattie Morrey*(16) PRESENT POSTOFFICE OF MOTHER *Raeburn SC*(17) COLOR OR RACE *Black*(18) AGE AT LAST BIRTHDAY *17*

(Years)

(19) BIRTHPLACE *Pacolet*(20) OCCUPATION *House work*(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 *alive* at *6:30* A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. H. H. H.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Physician Raeburn SC*

Given name added from a supplemental report

191*6*

Registrar

(26) Witness

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

(27) Filled *Oct 6* 191*6*(28) *D. F. Newman*

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.