

(1) PLACE OF BIRTH

County of Spartanburg
 Township of South Spring
 or
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

87377

Registration District No. 40003 Registered No. 46
 (For use of Local Registrar)

(2) Full Name of Child William Briggs

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

| | | | | |
|---|--|--|--|---|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Oct. 1, 1916</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER. | | MOTHER. | | |
| (8) FULL NAME <u>Ezell Briggs</u> | | (14) NAME BEFORE MARRIAGE <u>Carrie Montgomery</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Duncan S.S.</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Duncan S.S.</u> | | |
| (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small> | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small> | |
| (12) BIRTHPLACE <u>Spartanburg Co., S.C.</u> | | (18) BIRTHPLACE <u>Spartanburg Co., S.C.</u> | | |
| (13) OCCUPATION <u>Laborer</u> | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>Two (2)</u> | | (21) Number of children of this mother now living, including present birth <u>Two (2)</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hella Turner

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Duncan S.S.

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

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

(27) Filed Nov 30, 1916 (28) Brown Local Registrar

THIS IS A PERMANENT RECORD.
 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.
 McCAY, of Columbia.

*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.