

## PLACE OF BIRTH

County of Spartanburg

Township of \_\_\_\_\_

or \_\_\_\_\_

City of \_\_\_\_\_

City of Spartanburg

FULL NAME OF CHILD

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40<sup>th</sup>A(No. 191 Myrtle Avenue St.)

Registered No. \_\_\_\_\_

(For use of Local Registrar)

FILE No.—For State Registrar Only

29404-A

Ward) \_\_\_\_\_

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

Sex or Old

If Plural

Births

4. Twin, triplet, or other \_\_\_\_\_

5. Premature \_\_\_\_\_

7. Are Parents \_\_\_\_\_

8. Date of birth \_\_\_\_\_

Aug. 151915FATHER  
Will Densmore

Residence (usual place of abode)

(If non-resident, give place and State)

S.C.Color or race W

12. Age at last birthday

18 (Years)

Place (city or place)

(State or country)

Spartanburg

14. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

mechanic

15. Industry or business in which work was done, as silk mill, cotton mill, etc.

So. Ry

16. Date (month and year) last engaged in this work

Oct.1915

17. Total time (years) spent in this work

1

OCCUPATION

18. Full name

19. Residence (usual place of abode)

(If non-resident, give place and State)

Mrs. Alice Densmore20. Color or race W

21. Age at last birthday

19 (Years)

22. Place (city or place)

(State or country)

Spartanburg

23. Trade, profession, or particular kind of work done, as housekeeper, spinster, nurse, clerk, etc.

24. Industry or business in which work was done, as silk mill, cotton mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

1

27. Cause of stillbirth

28. Date of stillbirth

29. Date of death

30. Date of burial

31. Date of interment

32. Cause of death

33. Date of death

34. Date of burial

35. Date of interment

36. Date of cremation

37. Date of exhumation

38. Date of reinterment

39. Date of removal

40. Date of return

41. Date of disposal

42. Date of cremation

43. Date of interment

44. Date of exhumation

45. Date of reinterment

46. Date of removal

47. Date of return

48. Date of disposal

49. Date of cremation

50. Date of interment

51. Date of exhumation

52. Date of reinterment

53. Date of removal

54. Date of return

55. Date of disposal

56. Date of cremation

57. Date of interment

58. Date of exhumation

59. Date of reinterment

60. Date of removal

61. Date of return

62. Date of disposal

63. Date of cremation

64. Date of interment

65. Date of exhumation

66. Date of reinterment

67. Date of removal

68. Date of return

69. Date of disposal

70. Date of cremation

71. Date of interment

72. Date of exhumation

73. Date of reinterment

74. Date of removal

75. Date of return

76. Date of disposal

77. Date of cremation

78. Date of interment

79. Date of exhumation

80. Date of reinterment

81. Date of removal

82. Date of return

83. Date of disposal

84. Date of cremation

85. Date of interment

86. Date of exhumation

87. Date of reinterment

88. Date of removal

89. Date of return

90. Date of disposal

91. Date of cremation

92. Date of interment

93. Date of exhumation

94. Date of reinterment

95. Date of removal

96. Date of return

97. Date of disposal

98. Date of cremation

99. Date of interment

100. Date of exhumation

101. Date of reinterment

102. Date of removal

103. Date of return

104. Date of disposal

105. Date of cremation

106. Date of interment

107. Date of exhumation

108. Date of reinterment

109. Date of removal

110. Date of return

111. Date of disposal

112. Date of cremation

113. Date of interment

114. Date of exhumation

115. Date of reinterment

116. Date of removal

117. Date of return

118. Date of disposal

119. Date of cremation

120. Date of interment

121. Date of exhumation

122. Date of reinterment

123. Date of removal

124. Date of return

125. Date of disposal

126. Date of cremation

127. Date of interment

128. Date of exhumation

## CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_

Born alive or stillborn \_\_\_\_\_

On the date above stated.

(Signed) \_\_\_\_\_

M.D.

or \_\_\_\_\_

Address \_\_\_\_\_

Filed 6-7-8

M.D.

Registrar \_\_\_\_\_

(Date of)

Registrar \_\_\_\_\_

(Date of)

Registrar \_\_\_\_\_

(Date of)

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