

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

Inc. Town of or
Registration District No. 4008 Registered No. 649
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Portia H. Thompson } 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH August 31 1914
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Portia H. Thompson (14) NAME BEFORE MARRIAGE Rosa B. Hayes

(9) PRESENT POSTOFFICE OF FATHER Spartanburg R 4 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg R 4

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
(Years) (Years)

(12) BIRTHPLACE bedspring S. C. (18) BIRTHPLACE White Stone

(13) OCCUPATION Farming (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 11 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. M. Allen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Spartanburg R 4

Given name added from a supplemental report

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

(27) Filed Sept 2 1914 (28) C. F. Parker 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.