

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.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Cross
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
91857

Registration District No. 4003 Registered No. 124
(For use of Local Registrar)

(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 Irvin Hugh Nance

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 31 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Irvin Nance
(9) PRESENT POSTOFFICE OF FATHER Enoree S C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Enoree S C
(13) OCCUPATION Police Officer
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Low Nance
(15) PRESENT POSTOFFICE OF MOTHER Enoree S C
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Enoree S C
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) C. D. Nance
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Enoree S C

Given name added from a supplemental report

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

(27) Filed Jan 6 1916 (28) C. D. Nance 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.

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