

1. PLACE OF BIRTH
 County of Spartanburg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of " State Board of Health

File No.—For State Registrar Only
50388

Inc. of Town of " Registration District No. 40-a Registered No. 64
 or City of Spartanburg S.C. # 17 Janpan (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Feb 7 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Tom Johnson
 (9) PRESENT POSTOFFICE OF FATHER Woodruff
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 41 (Years)
 (12) BIRTHPLACE Woodruff S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth one

MOTHER.
 (14) NAME BEFORE MARRIAGE Lewis Rountree
 (15) PRESENT POSTOFFICE OF MOTHER Woodruff
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 15 (Years)
 (18) BIRTHPLACE Woodruff S.C.
 (19) OCCUPATION Child
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. D. Sexton
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S. C.

Given name added from a supplemental report
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 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 1 1916 (28) Joe Copen 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.

Registrar M. D. Sexton Local Registrar

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 FIRST-BORN, No. 1. WHEN OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the