

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Greenlee*or
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91835

Registration District No. *4002a* Registered No. *274*

(For use of Local Registrar)

(2) Full Name of Child *Mildred Annette Egel* } If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *no* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Dec. 7 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Dean Egel*(9) PRESENT POSTOFFICE OF FATHER *Fingerbill NFD #1*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34*
(Years)(12) BIRTHPLACE *Spartanburg S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Maggie Hudgins*(15) PRESENT POSTOFFICE OF MOTHER *Fingerbill NFD #1*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23*
(Years)(18) BIRTHPLACE *W. Dorell S.C.*(19) OCCUPATION *Housekeeping*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *2:20 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Leif Wall*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Chemo*

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *12/30 1916* (28) *J. Blockhouse* 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.