

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of *Spartanburg, S. C.* STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
62018

Township of
or
Inc. Town of Registration District No. *40 A* Registered No. *196*
or
City of *Spartanburg* (No. *117* *Fairley* 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 *Carl* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Nov 8 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *A. Fox*

(9) PRESENT POSTOFFICE OF FATHER *Spartanburg*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *37*
(Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE *Maggie Werley*

(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg S.C.*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *33*
(Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *1 P.M.*,
on the date above stated. (Born *live* or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. R. Brown*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *M.D. City*

Given name added from a supplemental report
..... 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *June 6 1916* (28) *Jas. Cooper* 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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FORM NO. 10. MARRIAGES REGISTERED UNDER THIS ACT. MARRIAGES REGISTERED UNDER THIS ACT. MARRIAGES REGISTERED UNDER THIS ACT.
 WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 3.
 McCRAW of Columbia.