

1) PLACE OF BIRTH

County of Spartanburg
Township of "or
inc. Town ofCity of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 4008 Registered No. 737
(For use of Local Registrar)
(No. 2 on Mill St.; Ward)

2) Full Name of Child

Name Junice May Hines If child is not yet named, make supplemental report as directed
3) BOY OR GIRL? G 4) Twin or Triplet? N 5) Number in order of birth 1 6) Are Parents Married? Y 7) DATE OF BIRTH Nov 23 1916
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Patrick H. Hines9) PRESENT POSTOFFICE OF FATHER Spartanburg10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 23 (Years)12) BIRTHPLACE St. Louis, Mo.13) OCCUPATION Electrician14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Alice McFarland15) PRESENT POSTOFFICE OF MOTHER Spartanburg, SC16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 22 (Years)18) BIRTHPLACE Ros. N. C.19) OCCUPATION Housewife20) 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 born at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)(23) (Signature) D. A. Smith (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

1916

(26) Witness

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

(27) Filed

1916

(28)

E. H. 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.
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For State Registrar Only

No. 126
(Local Registrar)

number.) Ward

yet named, make report as directed

3
(Day) 1916
(Year)u.s.26

(Years)

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