

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 **STATE OF SOUTH CAROLINA.**
 Bureau of Vital Statistics
 Township of Cross Anchor State Board of Health

or
 Inc. Town of Registration District No. 4023 Registered No. 5
 or
 City of (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 Agalee Wilcox Langford If child is not yet named, make supplemental report as directed

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50487

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 30</u> , 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Paul Weber Langford</u>		(14) NAME BEFORE MARRIAGE <u>Clara Anna Parker</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cross Anchor, S. C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Cross Anchor S. C. R. A.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Valmont Green, S. C.</u>		(18) BIRTHPLACE <u>Cross Anchor, S. C.</u>		
(13) OCCUPATION <u>farmer</u>		(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive **at** 2.30 P. **M.**
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Ball

(24) State whether Physician or Midwife **(25) Address of Physician or Midwife**

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 <u>Feb. 10, 1916</u> (28) <u>C. D. Arneson</u> 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 | | | Local Registrar

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