

N. H.—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

Township of 1

or Inc. Town of 1

City of 1

(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

66158

Registration District No. 40-2 Registered No. 247

(For use of Local Registrar)

(No. 1227 St. J. Church Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 7 1916  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Geo. A. Padgett

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

4 (Years)

(12) BIRTHPLACE

Spartanburg, S.C.

(13) OCCUPATION

Miner

(14) NAME BEFORE MARRIAGE

Lola May Smith

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

Gastonia, N.C.

(19) OCCUPATION

House-wife

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

1

(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 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. F. Carr

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Spartanburg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 1 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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