

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Reidville
 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
70466

Registration District No. 4207 Registered No. 86
 (For use of Local Registrar)
 St.; Ward

(2) Full Name of Child. { If child is not yet named, make supplemental report as directed

(3) GIRL? (4) Twin or Triplet? ✓ (5) Number in order of birth 74 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 10, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Cemuel Uri Jones
 (9) PRESENT POSTOFFICE OF FATHER Greer L.C. Rt#1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Lumpkinville Ga
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Eleventh

MOTHER.
 (14) NAME BEFORE MARRIAGE Mamie Wood
 (15) PRESENT POSTOFFICE OF MOTHER Greer Rt#1 Ga
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43 (Years)
 (18) BIRTHPLACE Greer L.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P. M.)

(23) (Signature) W. T. Brockman
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greer L.C.

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

 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by female)
 (27) Filed Aug 9, 1916 (28) J. H. Keeland 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. 2
 MARGIN PRESERVED FOR BINDING.
 WHERE 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 5.
 McCaw, of Columbia.