

(1) PLACE OF BIRTH  
 County of Spartanburg STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Reidville State Board of Health

File No.—For State Registrar Only  
70466

Inc. Town of ..... Registration District No. 4007 Registered No. 86  
 (For use of Local Registrar)  
 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 ..... } If child is not yet named, make supplemental report as directed.

(3) ~~MALE~~ GIRL? (4) Twin or Triplet?  (5) Number in order of birth 74 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 10 1916  
To be answered only in event of twins or triplets. (Name of Month) (Day) (Year)

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

MOTHER.  
 (14) NAME BEFORE MARRIAGE Minnie Wood  
 (15) PRESENT POSTOFFICE OF MOTHER Greer S.C. Rt #1  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43 (Years)  
 (18) BIRTHPLACE Greer S.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 live or stillborn) (Hour AM or P. M.)  
 (23) (Signature) W. T. Grochman  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greer S.C.

Given name added from a supplemental report ..... 191.....  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by female) [Signature]  
 (27) Filed Aug 9 1916. (28) [Signature] 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. 8, MARCH 1915. PREVIOUS EDITIONS ARE OBSOLETE. THIS IS A PERMANENT RECORD. WHERE PLAINLY, WHEN UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE MOTHER'S NAME IN THE SPACE PROVIDED THEREFOR. THIS FORM IS PRINTED AT THE STATE BOARD OF HEALTH, COLUMBIA, S. C.