

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only

79512

Registration District No. 4108

Registered No. 148
(For use of Local Registrar)

(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 Mable Peterson

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 38 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 2, 1916
(Name) (Month) (Day) (Year)

FATHER

MOTHER: JUELL

(8) FULL NAME: Hayes Peterson

(14) NAME BEFORE MARRIAGE: Alice Juell

(9) PRESENT POSTOFFICE OF FATHER: Princeton, S.C.

(15) PRESENT POSTOFFICE OF MOTHER: Princeton, S.C.

(10) COLOR OR RACE: Colored (11) AGE AT LAST BIRTHDAY: 38 (Years)

(16) COLOR OR RACE: Col. (17) AGE AT LAST BIRTHDAY: 38 (Years)

(12) BIRTHPLACE:

(18) BIRTHPLACE:

(13) OCCUPATION: Farmer

(19) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 12

(21) Number of children of this mother now living, including present birth: 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Norah Cash (25) Address of Physician or Midwife

(24) State whether Physician or Midwife Midwife Princeton, 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 Sept. 7, 1916 (28) W. B. Pappas 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.

(Copy from original in pencil.)

MOBAY OF COLUMBIA, S. C.