

MORNING RESERVED FOR PRINTING

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  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 40-A Registered No. 421  
 or  
 City of Spartanburg (No. .... St.; .... Ward)  
 (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  
87293

(2) Full Name of Child Anna Elizabeth Inman } 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 21 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Claude Furman Inman  
 (9) PRESENT POSTOFFICE OF FATHER Blensan College, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Wilfinsville, S.C.  
 (13) OCCUPATION Teacher of Chemistry  
 (20) Number of children born to mother, including present birth 1 One

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Laura Virginia Featherston  
 (15) PRESENT POSTOFFICE OF MOTHER Blensan College, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Bucklick, S.C.  
 (19) OCCUPATION Not employed.  
 (21) Number of children of this mother now living, including present birth One

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) W. B. Steedly, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

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 Dec 1 1916 (28) Gas Copas 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.