

(1) PLACE OF BIRTH

County of Spartanburg Township of Woodruff or
Inc. Town ofor
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

66340

Registration District No. 4009 Registered No. 69
(For use of Local Registrar)St. : Ward :
(If child is not yet named, make supplemental report as directed)2 Full Name of Child Sarah Jane Evelyn Williams David Bayter

(3) BOY OR GIRL? <u> Boy </u>	(4) Twin or Triplet? <u> No </u>	(5) Number in order of birth <u> 1 </u>	(6) Are Parents Married? <u> Yes </u>	(7) DATE OF BIRTH <u> June 25 1916 </u> (Name of Month) (Day) (Year)
----------------------------------	-------------------------------------	--	--	--

FATHER. MOTHER.

(8) FULL NAME <u> Sarah Jane Bayter </u>	(14) NAME BEFORE MARRIAGE <u> Mimmie Mae Pagers </u>
---	---

(9) PRESENT POSTOFFICE OF FATHER <u> Spartanburg, S.C. R. # 1 </u>	(15) PRESENT POSTOFFICE OF MOTHER <u> Spartanburg, S.C. R. # 1 </u>
---	--

(10) COLOR OR RACE <u> White </u>	(11) AGE AT LAST BIRTHDAY <u> 25 </u> (Years)	(16) COLOR OR RACE <u> White </u>	(17) AGE AT LAST BIRTHDAY <u> 27 </u> (Years)
--------------------------------------	---	--------------------------------------	---

(12) BIRTHPLACE <u> Spartanburg Co. </u>	(18) BIRTHPLACE <u> Spartanburg Co. </u>
---	---

(13) OCCUPATION <u> Farmer </u>	(19) OCCUPATION <u> Housewife </u>
------------------------------------	---------------------------------------

(20) Number of children born to mother, including present birth <u> 1 </u>	(21) Number of children of this mother now living, including present birth <u> 1 </u>
---	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 10.00 A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) H. H. W. ... (24) State whether Physician or Midwife (25) Address of Physician or Midwife
 Physician, Spartanburg, S.C.

Given name added from a supplemental report

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

(27) Filed July 10 1916 (28) Chas. L. Bayter
Registrar 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.

Registrar 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.