

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
74817

(1) PLACE OF BIRTH
County of Spartanburg.....
Township of Spartanburg....

or
Inc. Town of Registration District No. 4008 Registered No. 687
or
City of (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

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

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? <u>To be answered only in event of twins or triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>8.27.16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME MM C.M. Hayes

(9) PRESENT POSTOFFICE OF FATHER City R.F.D.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 5.....

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Littlefield

(15) PRESENT POSTOFFICE OF MOTHER City R.F.D.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A.D. Cudd, M.D......
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 29 1916 (28) E. J. Parker
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.

MARGIN RESERVED FOR BINDING.
WRITE FULLY, 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.