

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Campbells

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
66211Inc. Town of ..... Registration District No. 4001-1 Registered No. 113  
(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 Rocco James Wolf If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or triplet? 1 (5) Number in order of birth 13 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 15 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Noah Wolf  
(9) PRESENT POSTOFFICE OF FATHER Campbells  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 13

## MOTHER.

(15) NAME BEFORE MARRIAGE Dora Mills  
(16) PRESENT POSTOFFICE OF MOTHER Campbells  
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 38 (Years)  
(19) BIRTHPLACE S.C.  
(20) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 10:50 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. E. Morrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Phys Campbells

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 July 6 1916 (28) C. L. Mayberry 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.

Fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

Saw, of Columbia.