

Form No. 1

(1) PLACE OF BIRTH
County of Spartanburg
Township of
or
Inc. Town of
or
City of Spartanburg (No. 143 Hines 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
74659

Registration District No. 40-a Registered No. 318
(For use of Local Registrar)
No. 143 Hines St.; Ward

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

(3) ~~BOY~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Aug 26 1916
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Floyd Glover.
(9) PRESENT POSTOFFICE OF FATHER Spartanburg
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Spartanburg
(13) OCCUPATION common labor.
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Etta Owens.
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Spartanburg
(19) OCCUPATION Laundry.
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:15 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Frederick (24) State whether Physician or Midwife (25) Address of Physician or Midwife
303 Austin St.

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 Sept 1 1916 (28) Gas Copes 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.