

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Spartanburg*

or

Inc. Town of

or

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

79319

Registration District No. *4008*Registered No. *40*

(For use of Local Registrar)

St. _____ Ward _____

(2) Full Name of Child *Marvella D. Long Althaus*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy*(4) Twin or Triplet? ☒(5) Number in order of birth *1*

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Aug 18, 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Will A. Althaus*(9) PRESENT POSTOFFICE OF FATHER *Rock Hill S.C. R 2 D*(10) COLOR OR RACE *Black*(11) AGE AT LAST BIRTHDAY *24*

(Years)

(12) BIRTHPLACE *Spartanburg S.C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth, *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bessie Maud Gammery*(15) PRESENT POSTOFFICE OF MOTHER *Rock Hill S.C. R 2 D*(16) COLOR OR RACE *Black*(17) AGE AT LAST BIRTHDAY *18*

(Years)

(18) BIRTHPLACE *Monroe S.C.*(19) OCCUPATION *Housekeeper*(21) Number of children of this mother now living, including present birth, *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *4* *PM* (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *J. S. Williams*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Rock Hill S.C.*

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed *Oct 6 1916*

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(28) *W. H. Morrison*

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.

Birth month of pregnancy.