

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINLY, 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 8.

McGraw, of Columbia

## (1) PLACE OF BIRTH

County of *Spartanburg*

Township of .....

Inc. Town of .....

City of *Spartanburg*

(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

62026

Registration District No. *40-A* Registered No. *204*

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) <del>BOY OR</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents <i>in</i> Married?	(7) DATE OF BIRTH <i>May 15</i> 191 <i>6</i>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *James Frady*

(9) PRESENT POSTOFFICE OF FATHER *Spartanburg*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *44* (Years)

(12) BIRTHPLACE *North Carolina*

(13) OCCUPATION *Blacksmith*

(20) Number of children born to mother, including present birth *Two (2)*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Ella Menell*

(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27* (Years)

(18) BIRTHPLACE *North Carolina*

(19) OCCUPATION *Wife*

(21) Number of children of this mother now living, including present birth *Two (2)*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *W. C. Boyl*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Physician**Spartanburg*

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 *June 1* 191*6* (28) *Jas. 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.