

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

or
Inc. Town of Registration District No. 4008 Registered No. 632
(For use of Local Registrar)
or
City of Spartanburg..... (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..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>To be answered only in case of twins or triplets</u>	(5) Number in order of birth	(6) Are <u>YES</u> Parents Married?	(7) DATE OF BIRTH <u>8.3.16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Hampton Goings
(9) PRESENT POSTOFFICE OF FATHER Arkright S.C.
(10) COLOR OR RACE Wh. (11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Mill Super.
(20) Number of children born to mother, including present birth { 8

MOTHER.

(14) NAME BEFORE MARRIAGE Belle Hammett
(15) PRESENT POSTOFFICE OF MOTHER Arkright S.C.
(16) COLOR OR RACE Wh. (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE S.C.
(19) 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 5 A.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

....., 191....
.....
Registrar

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

(27) Filed Aug 16 191... (28) E. H. 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.