

Form No. 1.

(1) PLACE OF BIRTH

County of Spartanburg

Township of Spartanburg

Inc. Town of Spartanburg

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

57503

Registration District No. 40-a Registered No. 117

(For use of Local Registrar)

Branch Branch St. Branch Ward Branch

(2) Full Name of Child unnamed

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 8 1916

FATHER.

MOTHER.

(8) FULL NAME Marian Halcomb

(14) NAME BEFORE MARRIAGE Janie Boxdale

(9) PRESENT POSTOFFICE OF FATHER Spartanburg

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 48 (Years)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Spartanburg Co.

(18) BIRTHPLACE Lauren - S.C.

(13) OCCUPATION common laborer

(19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 1/2

(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 4 P. M., on the date above stated. (Born alive or stillborn) - (Hour A. M. or P. M.)

(23) (Signature) Mrs. J. Griffin

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

Midwife 234 W. Main St.

Given name added from a supplemental report

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

(27) Filed May 1 1916 (28) Jas Copas 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.

MARGIN RESERVED FOR FILING. WRITE 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 McGraw-Hill of Columbia FIRST-BORN; No. 1. THE OTHER, No. 2, etc., in question 5.