

MARGIN RESERVED FOR INDEXING.  
 THIS SPACE IS TO BE USED FOR INDEXING PURPOSES IN A FUTURE EDITION OF THIS FORM.  
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(1) PLACE OF BIRTH  
 County of Spartanburg **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA,  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of Beach Spring  
 or  
 Inc. Town of ..... Registration District No. 1000A  
 or  
 City of ..... (No. .... St.: ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only  
91775

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

(3) BOY OR GIRL	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1st</u> <small>(to be answered only in case of twins &amp; triplets)</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 7 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER?</b>		<b>MOTHER?</b>		
(8) FULL NAME <u>Frank M. Pittman</u>	(14) NAME BEFORE MARRIAGE <u>Ethel Martin</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Arlington S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Arlington S.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>nc</u>	(18) BIRTHPLACE <u>Domestic</u>			
(13) OCCUPATION <u>will work</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was alive at 10 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) M. J. [unclear]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [unclear]

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 4/10 1917 (28) Jemoor 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.  
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