

MARGIN RESERVED FOR INDEXING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK. THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK, No. 2, etc., in question 5. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Spartanburg

Township of Cross Anchor

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.)

Registration District No. 4005

File No.—For State Registrar Only

87489

Registered No. 105  
(For use of Local Registrar)

St.; ..... Ward)

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

(2) Full Name of Child

Thomas Helen

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Nov 15 1906  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mark Stirling

(9) PRESENT POSTOFFICE OF FATHER

Enoree B.O.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

Spartanburg Co.

(13) OCCUPATION

mill operative

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Enoree Meadows

(15) PRESENT POSTOFFICE OF MOTHER

Enoree B.O.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

Spartanburg Co.

(19) OCCUPATION

house wife

(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 born at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

Physician or Midwife

Physician

(25) Address of Physician or Midwife

Enoree B.O.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 25 1906

(28)

C. D. Hanna  
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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