

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Cross Butcher
 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. 4023 Registered No. 101
 (For use of Local Registrar)
(2) Full Name of Child Auth C. Hines
 (If child is not yet named, make supplemental report as directed)

File No.—For State Registrar Only
87484

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 21 '16</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Mathison Roberts</u>	(14) NAME BEFORE MARRIAGE <u>Lillian Short</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Spencer S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Spencer S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Spartanburg S.C.</u>	(13) OCCUPATION <u>Mill Operative</u>	(18) BIRTHPLACE <u>Spartanburg S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was white at 4 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
J. W. Allen

(23) (Signature) <u>J. W. Allen</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>Spencer S.C.</u>
Given name added from a supplemental report <u>Auth C. Hines</u>		
(26) Witness <u>C. D. Harnes</u>	(27) Filed <u>Mar 11</u> 19 <u>16</u> (28) <u>C. D. Harnes</u> 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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