

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 M. C. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Spartanburg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of 11 State Board of Health

File No.—For State Registrar Only
66148

Inc. Town of 11 or Registration District No. 40-0 Registered No. 336
 City of 11 (No. 332 W. Henry St.; 6 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles Thompson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? + (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6 14 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Richard Thompson
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Spartanburg S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth one

MOTHER.
 (14) NAME BEFORE MARRIAGE Anna Faith
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Racone N.C.
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. D. Dexton
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

5/21/43 191.
M. B. Nordwara M.D.
 Registrar

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

(27) Filed July 1 1916 (28) Gas Copes 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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