

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Woodruff  
or  
Inc. Town of .....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**53860**

Registration District No. 4009 Registered No. 36  
(For use of Local Registrar)

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child ..... ; If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar 12 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Mary and Thomas (Mary) Durham</u>	(14) NAME BEFORE MARRIAGE <u>Marie Parks</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Woodruff, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Woodruff, S.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE	(18) BIRTHPLACE <u>Spartanburg County</u>			
(13) OCCUPATION	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth <u>Two</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Alford  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name filed from a supplemental report

5/25/43, 191...  
M. B. Woodward  
Registrar

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

Chas L. Royster  
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.

Registrar

LOCAL REGISTRAR

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