

PLACE OF BIRTH *Spartanburg*  
County of *Spartanburg*  
or  
Town of *Spartanburg*  
or  
City of *Spartanburg*  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Full Name of Child.....  
Registration District No. *4008* Registered No. *718*  
(For use of Local Registrar)  
St.; ..... Ward)  
(No. ....)  
If child is not yet named, make supplemental report as directed

BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Oct 26</i> 191 <i>6</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
FULL NAME <i>W. J. Jackson</i>			(14) NAME BEFORE MARRIAGE <i>Louella High</i>	
PRESENT POSTOFFICE OF FATHER <i>Spartanburg, R.D.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Spartanburg, R.D.</i>	
(11) COLOR OR RACE <i>White</i>			(17) AGE AT LAST BIRTHDAY <i>31</i> (Years)	
(12) BIRTHPLACE <i>Hcedenville, N.C.</i>			(18) BIRTHPLACE <i>Spartanburg, S.C., R.D. 5.</i>	
(13) OCCUPATION <i>Carpenter</i>			(19) OCCUPATION <i>House-wife</i>	
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *Spartanburg, S.C.* (Hour A. M. or P. M.) *6 P.M.*  
on the date above stated.

(23) (Signature) *A. P. Pearson, M.D.*  
(24) State whether Physician or Midwife *Physician*  
(25) Address of Physician or Midwife *Spartanburg*

Given name added from a supplemental report ..... 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by male) *E. F. Parker*  
(27) Filed *Nov 14* 191*6* (28) 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.