

FORM NO. 1
MARGIN RESERVED FOR MARKING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. 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.
McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Spartanburg STATE OF SOUTH CAROLINA.
Township of
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
70299

Inc. Town of Registration District No. 40-a Registered No. 258
(For use of Local Registrar)
City of Spartanburg (No. 347 College St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR BIRTH <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age Parents Married?	(7) DATE OF BIRTH <u>June 8 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Arthur Reid</u>	(14) NAME BEFORE MARRIAGE <u>Kethe Parry</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Darville Va</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S.C.</u>			
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Madison N.C.</u>	(18) BIRTHPLACE <u>Spartanburg S.C.</u>			
(13) OCCUPATION <u>Mill Worker</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth { <u>1</u> }	(21) Number of children of this mother now living, including present birth { <u>1</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) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Spartanburg, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Aug 1 1916 (28) Jas. 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.