

**CERTIFICATE OF BIRTH**

File No.—For State Registrar Only  
**72962**

(1) PLACE OF BIRTH  
County of Greenville STATE OF SOUTH CAROLINA.  
Township of Hairview Bureau of Vital Statistics  
State Board of Health  
Inc. Town of ..... Registration District No. 2206 Registered No. 97  
(For use of Local Registrar)  
City of ..... (No. .... 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 ..... } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL?~~ (4) ~~Female or Triplet?~~ one (5) Number in order of birth 2 (6) Are Parents Married? Y (7) DATE OF BIRTH Aug. 13 1916  
To be answered only in case of Twins or Triplets (Name of (Month) (Day) (Year))

**FATHER.**  
(8) FULL NAME John Williams Sporn  
(9) PRESENT POSTOFFICE OF FATHER Fountain Inn  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)  
(12) BIRTHPLACE Lawrence Co. S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Minnie Lee Suipe  
(15) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Greenville Co. S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 2

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

(22) I hereby certify that I attended the birth of this child, who was ..... at 12:25 A.M. on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) W. L. Shaw M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fountain Inn

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 10 1916 (28) J. B. Buckett 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.

MARGIN RESERVED FOR BINDING. 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.