

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Becca Spigo  
or  
Inc. Town of .....

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

File No.—For State Registrar Only  
66194

Registration District No. 40009 Registered No. 83  
(For use of Local Registrar)

City of ..... 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 Reily G. Cash } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 6, 24  
To be answered only in case of Twin or Triplet's (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME W. Cash  
(9) PRESENT POSTOFFICE OF FATHER Becca Spigo  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)  
(12) BIRTHPLACE Ida  
(13) OCCUPATION Mill Worker  
(14) Number of children born to mother, including present birth 0

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Nancy Peace  
(15) PRESENT POSTOFFICE OF MOTHER Ida  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE Ida  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 5

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

(22) I hereby certify that I attended the birth of this child, who was born at Ida ..... 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 Physician (25) Address of Physician or Midwife Ida

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

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by midwife)  
(27) Filed 6/29 1916 (28) [Signature] 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.

fifth month of pregnancy.

MC