

(1) PLACE OF BIRTH

County of Spartanburg

Township of Spartanburg

or  
Inc. Town of .....

or  
City of Spartanburg

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

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**91916**

Registration District No. 4008

Registered No. 771  
(For use of Local Registrar)

(2) Full Name of Child .....

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth  
(to be answered only in case of twins or triplets)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 21 1916  
(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER Will Pollock

(14) NAME BEFORE MARRIAGE OF MOTHER Carrie Stevens

(9) PRESENT POSTOFFICE OF FATHER Spartanburg R. 1 S.C.

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg R. 1 S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Spartanburg Co S.C.

(18) BIRTHPLACE Spartanburg Co S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4

(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 alive at 7 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Whitney S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 28 1916 (28) E. F. Parker 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.

MCCAY, Columbia, S. C. FORM NO. 1, THIS OFFICE, No. 2, etc. In question 5.