

(1) PLACE OF BIRTH

County of SpartanburgTownship of Spartanburgor  
Inc. Town ofor  
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  
91912Registration District No. 4008Registered No. 771  
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 21 1916  
(Name of Month) (Day) (Year)

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

(8) FULL NAME

Will Pollock

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg R. 1 SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22  
(Years)

(12) BIRTHPLACE

Spartanburg Co SC

(13) OCCUPATION

Farmer

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

2

(14) NAME BEFORE MARRIAGE

Carrie Shivers

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg R 1 S.C

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19  
(Years)

(18) BIRTHPLACE

Spartanburg Co S.C

(19) OCCUPATION

Housewife

(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 PM 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

Whiting P.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Dec 28 1916

(28)

E. H. 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.