

WR N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
N. I McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA.		43050	
Township of <u>Spartanburg</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>2-2-2</u>		Registered No. <u>1-1-1</u>	
or		City of <u>Spartanburg</u>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. <u>St. Luke</u>		Ward <u>5</u>	
(2) Full Name of Child					
(3) BOY OR GIRL? <u>M.</u>		(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Dec 24</u> 19 <u>18</u>
		Is to be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)	
(8) FULL NAME FATHER			(9) NAME BEFORE MARRIAGE MOTHER		
(9) PRESENT POSTOFFICE OF FATHER			(10) PRESENT POSTOFFICE OF MOTHER		
(10) COLOR OR RACE		(11) AGE AT LAST BIRTHDAY (Years)		(12) COLOR OR RACE	
(12) BIRTHPLACE		(13) AGE AT LAST BIRTHDAY (Years)		(14) BIRTHPLACE	
(13) OCCUPATION		(15) AGE AT LAST BIRTHDAY (Years)		(16) OCCUPATION	
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child <u>born</u> at <u>2 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>M. M. Sumrutt</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
<u>Physician</u> <u>Spartanburg</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
191		(27) Filed 191 (28) <u>Dec 24</u> Local Registrar			
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.

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