

(1) PLACE OF BIRTH

County of Spartanburg

Township of Spartanburg

or
Inc. Town of Glendale

or
City of

(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

Registration District No. dec

File No. — For State Registrar Only

91904

Registered No. 761

(For use of Local Registrar)

(2) Full Name of Child Bartholomew Smith { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet? Twin

(5) Number in order of birth 2

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 13

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Silas Smith

(9) PRESENT POSTOFFICE OF FATHER Glendale

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24

(12) BIRTHPLACE Haywood NC

(13) OCCUPATION Mill Worker

(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sophie Sanford

(15) PRESENT POSTOFFICE OF MOTHER Glendale

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34

(18) BIRTHPLACE NC

(19) OCCUPATION Housekeeper

(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 Glendale AL on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Mary Parker

(24) State whether Physician or Midwife { Physician (25) Address of Physician or Midwife

Given name added from a supplemental report

191.....

Registrar

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

(27) Filed Dec 18 6 191..... (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.

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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.