

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
50477

County of *Spartanburg*

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

Township of *Cherokee*

Inc. Town of or Registration District No. *4002B* Registered No. *137*
(For use of Local Registrar)

City of (No.) 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 *Wylene M. Kinney* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *July 18 1916*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Stanburn M. Kinney*
(9) PRESENT POSTOFFICE OF FATHER *Cherokee #1*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *21*
(12) BIRTHPLACE *Sparta Co*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth *1*

MOTHER.
(14) NAME BEFORE MARRIAGE *Ila Horton*
(15) PRESENT POSTOFFICE OF MOTHER *Cherokee #1*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *18*
(18) BIRTHPLACE *Sparta*
(19) OCCUPATION *Domestic*
(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *3 a* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. P. ...*

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

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

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

(27) Filed *mar 1 1916* (28) *W. W. Painter* 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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N. E.—In case of TWINS OR TRIPLETS use 2 SEPARATE BLANKS for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCraw, of Columbia.