

(1) PLACE OF BIRTH

County of Spartanburg
Township of Campobelloor
Inc. Town ofor
City of

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

Registration District No. 40.0 Registered No. 199
(For use of Local Registrar)(2) Full Name of Child Louise Nodine

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 29, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. C. Nodine(9) PRESENT POSTOFFICE OF FATHER Inman SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Morris(15) PRESENT POSTOFFICE OF MOTHER Inman SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Spartanburg Co SC(19) OCCUPATION Housewife(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 alive at 2:15 P.M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) W. J. L. Graham M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Inman SC

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 Nov. 11, 1916 (28) E. L. Rogers 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.

before the fifth month of pregnancy.

See page 1 of Columbia, No. 1, THE OTHER, No. 2, etc., in question 5.

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87347