

## (1) PLACE OF BIRTH

County of *Spartanburg*Township of *R.*or  
Inc. Town ofor  
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

File No. — For State Registrar Only

79478

Registration District No. *4106*Registered No. *101*

(For use of Local Registrar)

St.: Ward:

## (2) Full Name of Child

*Gloria Lee*

(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

*5*

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Sept 3**1916*

(Name of Month, Day) (Year)

## FATHER.

(8) FULL NAME

*Stafford Lee*

(9) PRESENT POSTOFFICE OF FATHER

*Reembert SC*

(10) COLOR OR RACE

*negro*

(11) AGE AT LAST BIRTHDAY

*26*

(Years)

(12) BIRTHPLACE

*Spartanburg Co*

(13) OCCUPATION

*Farm*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Helena Sanders*

(15) PRESENT POSTOFFICE OF MOTHER

*Reembert SC*

(16) COLOR OR RACE

*negro*

(17) AGE AT LAST BIRTHDAY

*24*

(Years)

(18) BIRTHPLACE

*Spartanburg Co*

(19) OCCUPATION

*Housewife*

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

*5*

(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 *alive* at *12* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Laura X Sanders*

(25) Address of Physician or Midwife

(24) State whether

*Physician or Midwife**Reembert*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*Sept 15**1916*

(28) 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.