

FORM NO. 6 MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McGraw-Hill Co. of Columbia.

**CERTIFICATE OF BIRTH**

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

File No. — For State Registrar Only  
**83550**

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of Spartanburg  
or Town of Whitney  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4008 Registered No. 094  
(For use of Local Registrar)

(2) Full Name of Child... Gladys Sprinkles } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? _____ <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct, 7, 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Clinton Sprinkles</u>		(14) NAME BEFORE MARRIAGE <u>Allie Franklin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Whitney S. C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Whitney S. C.</u>		
(10) COLOR OR RACE <u>white</u>		(16) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>		(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Spartanburg Co S. C.</u>		(18) BIRTHPLACE <u>Rutherford Co N. C.</u>		
(13) OCCUPATION <u>mill operative</u>		(19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth { <u>3</u>		21) Number of children of this mother now living, including present birth { <u>3</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 9 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. Schapman

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitney S. C.

Given name added from a supplemental report \_\_\_\_\_

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

(27) Full Name W. B. Parker (28) W. B. 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.