

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, of Columbia.

(1) PLACE OF BIRTH  
County of Spartanburg STATE OF SOUTH CAROLINA.  
Township of Spartanburg Bureau of Vital Statistics  
or Town of Whitney State Board of Health

File No. — For State Registrar Only  
83550

Inc. Town of ..... Registration District No. 4008 Registered No. 694  
(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, Gladys Sprinkles } 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. 7, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Clinton Sprinkles  
(9) PRESENT POSTOFFICE OF FATHER Whitney S. C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Spartanburg Co S. C.  
(13) OCCUPATION mill operator  
(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Allie Franklin  
(15) PRESENT POSTOFFICE OF MOTHER Whitney S. C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Rutherford Co N. C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 3

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  
..... 191.....  
..... 191.....  
Registrar

(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.  
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