

Form No 1.

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66184

County of .....

Township of Reeched Springs

Inc. Town of .....

Registration District No. 40-C Registered No. 107

(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 .....

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 June 22 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME L G W Cracker

(9) PRESENT POSTOFFICE OF FATHER Inman SC R3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Georgia

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Jane Matthews

(15) PRESENT POSTOFFICE OF MOTHER Inman SC R3

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Spartanburg Co

(19) OCCUPATION Housewife

(20) 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 7 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jack Gibson M.D.

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

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed June 22 1916 (28) El Cagers 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.

Form No. 1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia