CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
50405

(1) PLACE OF BIRTH

County of Spartanburg

Township of Spartanburg

or

Inc. Town of " S. C.

or

City of Spartanburg S. C. (No. ..... St.; ..... Ward)

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

Registration District No. 40-a Registered No. 44 (For use of local Registrar)

(2) Full Name of Child. Bessie Smith

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

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

(To be answered only in event of Twins or Triplets)

FATHER.

(8) FULL NAME " Got from "

(9) PRESENT POSTOFFICE OF FATHER "

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Smith

(15) PRESENT POSTOFFICE OF MOTHER 272 Union St Spartanburg S.C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Spartanburg Co

(19) OCCUPATION Washing & Ironing

(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 (Born alive or stillborn) at 5 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. B. Lancaster

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Spartanburg

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed March 1 1916 (28) Jas. Cooper 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.

McCaw, of Columbia.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

NOTE—IF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the