

Form No. 1

PLACE OF BIRTH

City of Spartanburg
 or Spartanburg
 Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

87547

Registration District No. 4008

Registered No. 740
 (For use of Local Registrar)

or of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Tessie May Cash { If child is not yet named, make supplemental report as directed

Y OR (4) Twin or Triplet? (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 29, 1916
 (Name of Month) (Day) (Year)

FATHER.

Full Name Earnest Cash

PRESENT POSTOFFICE OF FATHER Corn Pens R. 5. 41 Box 112

COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Green Co. Tennessee

OCCUPATION Farming

Number of children born to mother, including present birth { 4. four }

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Willace

(15) PRESENT POSTOFFICE OF MOTHER Corn Pens R. 5. 41 Box 112

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Spartanburg S. C.

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth { 3. three }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 o'clock 4 a.m. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Midwife Sunnie Barrett

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney R. 5. 43 Box 75

See name added from a supplemental report

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

(27) Filed Dec 4, 1916 (28) A. F. 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.

For State Registrar Only

ed No. 126
 of Local Registrar)

nd number.) (Ward)

et named, make report as directed

3 19 16
 (Day) (Year)

26
 (Year)