

MARGIN RESERVED FOR BINDING.
WHITE 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		91813	
Township of <u>Chickadee</u>		Registration District No. <u>40010</u>		Registered No. <u>12412</u>	
City of <u>Chickadee</u>		(No. <u>40010</u>)		St.; Ward)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				If child is not yet named, make supplemental report as directed	
(2) Full Name of Child <u>Paul Waldrop</u>					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 14</u> , 19 <u>16</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER		MOTHER			
(8) FULL NAME <u>Glenn Waldrop</u>		(14) NAME BEFORE MARRIAGE <u>Mary Doril</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>37</u>		
(12) BIRTHPLACE <u>Spartanburg</u>		(18) BIRTHPLACE <u>Spartanburg</u>			
(13) OCCUPATION <u>Carriage</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>16</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. L. Ogell</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
(25) Address of Physician or Midwife <u>Spartanburg</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by male)			
		(27) Local Registrar <u>A. L. Burton</u>			
19 <u>Dec 14</u> 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.