

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

File No.—For State Registrar Only
87546

PLACE OF BIRTH
 County of Spartanburg
 Township of Spartanburg
 or
 City or Town of

Registration District No. 4008 Registered No. 739
 (For use of Local Registrar)
 (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..... { If child is not yet named, make supplemental report as directed

BOY OR GIRL? **BOY** (4) Twin or Triplet? (5) Number in order of birth (6) Are Yes Parents Married? (7) DATE OF BIRTH **Nov. 27. 16**
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 FULL NAME **Jasen Waters**
 PRESENT POSTOFFICE OF FATHER **Sptbrg. Rt. # 4**
 (11) AGE AT LAST BIRTHDAY **40**
 (Years)
 COLOR OR RACE **C**
 BIRTHPLACE **S. C.**
 OCCUPATION **Farmer**
 Number of children born to mother, including present birth { **II** }

MOTHER.
 (14) NAME BEFORE MARRIAGE **Corie Simpson**
 (15) PRESENT POSTOFFICE OF MOTHER **Sprtbrg. Rt. #4**
 (16) COLOR OR RACE **C** (17) AGE AT LAST BIRTHDAY **35**
 (Years)
 (18) BIRTHPLACE **S. C.**
 (19) OCCUPATION **Housewife**
 (21) Number of children of this mother now living, including present birth { **9** }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **12P.** M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) **Marguerite Brown (Midwife)**
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife **Spartanburg Ft. #4.**

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness **James Coates**
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed **Dec. 6 1916** (28) **C. 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
 587
 No. 126
 Local Registrar
 Ward
 number.)
 yet named, make report as directed
3 19 **16**
 (Day) (Year)
 26
 5
 40