

Form No. 1

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

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

Full Name of Child

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

FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE **Corie Simpson**
 (15) PRESENT POSTOFFICE OF MOTHER **Sptbrg. 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 Copes**
 (Signature of Witness necessary only when question 23 is signed or marked)
 (27) Filed **Dec 1 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

No. *126*
Local Registrarnumber.) Ward)
yet named, make report as directed3 1916
(Day) (Year)26
(Year)