

1. PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of Whitney
 or
 City of Whitney (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
50530

Registration District No. 4008 Registered No. 449
 (For use of Local Registrar)

(2) Full Name of Child. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 19</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Jameson Crough</u>			(14) NAME BEFORE MARRIAGE <u>Mary Miller</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Whitney S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Whitney S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Madison Co N.C.</u>			(18) BIRTHPLACE <u>Greene Co Tenn</u>	
(13) OCCUPATION <u>Minister</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:15 M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louis Sawyer
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitney S.C.

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 Feb 23 1916 (28) E. F. Carter 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.
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WRITE 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 3.