Form No 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
87513

(1) PLACE OF BIRTH

County of Spartanburg

Township of Glenn Springs

or Inc. Town of .....

Registration District No. 4004 Registered No. 103
(For use of Local Registrar)

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

(2) Full Name of Child Cattie L. Hands

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl		1	Yes	Nov. 28, 1916

FATHER.

(8) FULL NAME Ben Hands

(9) PRESENT POSTOFFICE OF FATHER Glenn Springs

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Susie Brown

(15) PRESENT POSTOFFICE OF MOTHER Glenn Springs

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Rose Jones

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Glenn Springs

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

(27) Filed Nov 30 1916 (28) C. White, Local Registrar.

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

..... 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.

McCAW, STATE REGISTRAR, COLUMBIA, S. C.

WHEN FILLED IN, THIS BLANK IS A CERTIFICATE OF BIRTH, AND SHOULD BE PRESERVED. IF NOT WANTED FOR THAT PURPOSE, IT MAY BE SENT TO THE STATE REGISTRAR, COLUMBIA, S. C., WHO WILL FILE AND PRESERVE IT FREE OF CHARGE.

N. B.—FILL IN ALL BLANKS FOR EACH CHILD, AND STRIKE THE WORD OR WORDS NOT APPLICABLE. THUS, IN QUESTION 3, STRIKE OUT "BOY OR GIRL," LEAVING "GIRL" OR "BOY" AS THE CASE MAY BE. IN QUESTION 5, IF TWIN OR TRIPLET, STRIKE OUT "TWIN OR TRIPLET," LEAVING "TWIN" OR "TRIPLET" AS THE CASE MAY BE. IN QUESTION 6, STRIKE OUT "ARE PARENTS MARRIED?" IF NOT MARRIED, AND WRITE "NO" IN THE MARGIN. IN QUESTION 7, STRIKE OUT "DATE OF BIRTH," IF NOT KNOWN, AND WRITE "UNKNOWN" IN THE MARGIN. IN QUESTION 20, STRIKE OUT "BORN TO MOTHER, INCLUDING PRESENT BIRTH," IF NOT KNOWN, AND WRITE "UNKNOWN" IN THE MARGIN. IN QUESTION 21, STRIKE OUT "NOW LIVING, INCLUDING PRESENT BIRTH," IF NOT KNOWN, AND WRITE "UNKNOWN" IN THE MARGIN.