

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Spartanburg
 Township of

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

File No.—For State Registrar Only
66156

or
 Inc. Town of Registration District No. 40-a Registered No. 7114
 (For use of Local Registrar)
 City of Spartanburg (No. 134 New St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case 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>June 6, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Arthur Smith

(9) PRESENT POSTOFFICE OF FATHER Spartanburg

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE Spartanburg

(13) OCCUPATION common laborer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Williams

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Anderson

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alone at at 2 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. J. Griffith
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 234 W. main st.

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 July 1, 1916 (28) Jas. C. Copes
 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.

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 5.
 McCaw, of Columbia