

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**66155**

(1) PLACE OF BIRTH  
County of Sptbg  
Township of Liberty  
or  
Inc. Town of ..... Registration District No. 40-a Registered No. 242  
or  
City of Sptbg (No. Liberty 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 ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet?  (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH June 5, 1916  
Is the second child of twins or triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Wm. Normand</u>	(14) NAME BEFORE MARRIAGE <u>Bernice Wilson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>
(10) COLOR OR RACE <u>black</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>black</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Spartanburg</u>	(13) OCCUPATION <u>farmer</u>	(18) BIRTHPLACE <u>Spartanburg Co.</u>	(19) OCCUPATION <u>housewife</u>
(20) Number of children born to mother, including present birth { <u>2</u> }	(21) Number of children of this mother now living, including present birth { <u>2</u> }		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Mrs. H. Griffin  
(24) State whether Physician or Midwife (midwife) (25) Address of Physician or Midwife 734 W. Main St.

Given name added from a supplemental report  
..... 181.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 1, 1916 (28) Jas. Copen Local Registrar

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

\*When there was no attending physician or midwife, then the father, household, 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.