

Form No. 1.

(1) PLACE OF BIRTH
County of Spartanburg
Township of

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

File No.—For State Registrar Only
53874

or
Inc. Town of

Registration District No. 41A Registered No. 33
(For use of Local Registrar)

City of Spartanburg (No. 306 Council St.; 2 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of Birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 2, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Matthew

(9) PRESENT POSTOFFICE OF FATHER Spartanburg

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Salvador

(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Kate White

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. J. C. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Spartanburg, 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 Apr 1 1916 (28) W. H. ... 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.

MAKING REVERSIBLE INK PRINTING. WRITING PLAINLY. WITH LINE-INDICATING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use 2 SIGA-KATE BLANKS for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. McCREW, of Columbia