

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
McGaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of **Spartanburg S.C.** **CERTIFICATE OF BIRTH**
Township of STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health
Inc. Town of Registration District No. **40-a** Registered No. **423**
City of **Spartanburg** 149 Kennedy (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

(2) Full Name of Child **Ward simmons Stone** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL **Boy** (4) Twin or Triplet? **One** (5) Number in order of birth **3** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Oct., 24** 19**16**
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME **C. Rivers Stone**
(9) PRESENT POSTOFFICE OF FATHER **Spartanburg S. C.**
(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **40** (Years)
(12) BIRTHPLACE **Greenville S.C.**
(13) OCCUPATION **Bank Cashier**
(20) Number of children born to mother, including present birth { **3**

MOTHER.
(14) NAME BEFORE MARRIAGE **Bessie Simmons**
(15) PRESENT POSTOFFICE OF MOTHER **Spartanburg S. C.**
(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **34** (Years)
(18) BIRTHPLACE **Newberry S. C.**
(19) OCCUPATION **Housewife**
(21) Number of children of this mother now living, including present birth { **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was **alive** at **5 p.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Spartanburg S.C.**
Given name added from a supplemental report 191...
(26) Witness *[Signature]* (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed **Rec. 1** 191... (28) **Las 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.