

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.

McGraw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of **Spartanburg S.C.** STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
87295

Township of
 or
 Inc. Town of Registration District No. **40-a** Registered No. **423**
 (For use of Local Registrar)
 or **Spartanburg** 149 Kennedy
 City of (No. 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 **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**19**
 (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 *[Signature]* 191**6** (28) **Gas Cooper** 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.

S. A F E T Y A F I L M