

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Spartanburg STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Woodruff State Board of Health

File No.—For State Registrar Only  
**74836**

Inc. Town of ..... Registration District No. 4009 Registered No. ....  
 or ..... (For use of Local Registrar)  
 City of MATTIE MAE 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 Helena Satterwhite { If child is not yet named, make supplemental report as directed

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

**FATHER.**  
 (8) FULL NAME Jim Satterwhite  
 (9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 37  
(Years)  
 (12) BIRTHPLACE Newberry Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { ..... 7 .....

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lillie Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 29  
(Years)  
 (18) BIRTHPLACE Spartanburg Co  
 (19) OCCUPATION House keeper  
 (21) Number of children of this mother now living, including present birth { ..... 7 .....

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

(22) I hereby certify that I attended the birth of this child, who was alive, at 9:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. O. Jolley  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Woodruff 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 Aug 5, 1916 (28) Chas. L. Boyter Local Registrar

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

\*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.