

PLACE OF BIRTH
 County of Spartanburg
 Township of Spartanburg

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

File No. — For State Registrar Only
87543

Registration District No. 4006 Registered No. 736
 (For use of Local Registrar)
 (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Hellen B. Anderson If child is not yet named, make supplemental report as directed

BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Nov 22, 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(1) FULL NAME <u>James Budd</u>		(14) NAME BEFORE MARRIAGE <u>Lillie Anderson</u>		
(2) PRESENT POSTOFFICE OF FATHER <u>Glendale</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Glendale</u>		
(3) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>24 years</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>15</u> (Years)
(4) BIRTHPLACE <u>Don't know</u>		(18) BIRTHPLACE <u>Don't know</u>		
(5) OCCUPATION <u>Mill work</u>		(19) OCCUPATION <u>Mill work</u>		
(6) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:00 P.M. on the (date above stated). (Born alive or stillborn) (Hour or P.M.)

(23) (Signature) A.M. Allen
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg R.R.

Given name added from a supplemental report
191
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Dec 1 1916 (27) E. S. Parker 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.
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For State Registrar Only
587

No. 126
 Local Registrar
 number.) Ward)
 yet named, make report as directed
3 1916
 (Day) (Year)

u.s.
26
 (Year)

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