

1) PLACE OF BIRTH
County of Spartanburg
Township of Spartanburg
or
City of Spartanburg
or
Town of Spartanburg
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.)

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

BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Nov 22, 1916
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER: FULL NAME James Budd PRESENT POSTOFFICE OF FATHER Glen Dale COLOR OR RACE White BIRTHPLACE Don't know OCCUPATION Mill work
(11) AGE AT LAST BIRTHDAY (12) (13)

MOTHER: (14) NAME BEFORE MARRIAGE Lillie Anderson (15) PRESENT POSTOFFICE OF MOTHER Glen Dale (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 15 (18) BIRTHPLACE Don't know (19) OCCUPATION Mill work
(21) Number of children of this mother now living, including present birth 1

20) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Dec 1, 1916 (28) 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 19 16
(Day) (Year)

 26
(Year)