CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
66246

(1) PLACE OF BIRTH

County of Spartanburg

Township of Cross Anchor

or Inc. Town of ..... Registration District No. 4003 Registered No. 51 (For use of Local Registrar)

or 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 Joseph Samuel Waldrop. | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (Is to be answered only in event of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 24 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel T. Waldrop

(9) PRESENT POSTOFFICE OF FATHER Enoree S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 50 (Years)

(12) BIRTHPLACE Enoree S.C.

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Fiffie Lawrence

(15) PRESENT POSTOFFICE OF MOTHER Enoree S.C. R.F.D.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE Laurens Co

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white (Born alive or stillborn) at 1 15 P M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. W. Allen

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Enoree 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 ..... 191.... (28) ..... 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.

Registrar I

Local Registrar.

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REVISION OF 1915. WRITE PLAINLY. WITH LINGAPENCIL 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 OTHERS, No. 2, etc., in question 5.
W. H. McCaw, of Columbia.