

FORM NO. 8
MAY 1916
N. H.—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
County of Spartanburg STATE OF SOUTH CAROLINA,
Township of Cross Anchor Bureau of Vital Statistics
or Inc. Town of CC Registration District No. 4003 Registered No. 111
(For use of Local Registrar)
City of CC (No. 111 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 George Eliot Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 15 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME George E. Smith
(9) PRESENT POSTOFFICE OF FATHER Cross Anchor
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Greenville Co
(13) OCCUPATION Minister
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Alice Dew
(15) PRESENT POSTOFFICE OF MOTHER Cross Anchor
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Willon Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) C. M. Workman
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Cross Anchor

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 Dec 10 1916 (28) C. D. Hanna 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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