

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50433

County of Spartanburg

Township of Beach Springs

or  
Inc. Town of  
or

Registration District No. 4000a

Registered No. 34  
(For use of Local Registrar)

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 Virgil Roscoe Gillespie } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 13 1916  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Mitchell Gillespie

(14) NAME BEFORE MARRIAGE Bessie Coleman

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

(15) PRESENT POSTOFFICE OF MOTHER Green S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Brevard N.C.

(18) BIRTHPLACE Greenville S.C.

(13) OCCUPATION Mill Work

(19) OCCUPATION House Work

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 Noon on the date above stated. (Born alive or stillborn) (Hour & M. or P.)

(23) (Signature) Dr. B. L. Macfarland

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Green S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Mar 1 1916 (28) J. L. Moore 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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McCaw, of Columbia. PRESCRIPTION, No. 1. THE OWNER, No. 2, etc., in question 3.

THIS CARD IS TO BE FILED IN THE OFFICE OF THE STATE REGISTRAR OF BIRTHS AND DEATHS, COLUMBIA, SOUTH CAROLINA.