

FORM NO. 4
MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING 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 OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76160

(1) PLACE OF BIRTH
County of Sherokee
Township of Simsstone
OR
Inc. Town of Ashe
OR
City of City
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 18a Registered No. 135
(For use of Local Registrar)

(2) Full Name of Child Sarah E. Humphries { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL?~~ girl (4) Twin Single (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 3, 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James S. Humphries
(9) PRESENT POSTOFFICE OF FATHER Conyers, S.C., Spartanburg Co
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Cleveland Co N.C.
(13) OCCUPATION Cashier of Bank
(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy W. Crocker
(15) PRESENT POSTOFFICE OF MOTHER Conyers, S.C., Spartanburg Co
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Spartanburg Co S.C.
(19) OCCUPATION Domestic
(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 7:15 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Nesbitt
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 9/6 1916 (28) W. S. Smith 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.