

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or

Inc. Town of

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

(3) <u>Boy</u> Sex of Child	(4) <u>Twin</u> or Triplet? To be answered only in event of Twins or Triplets.	(5) <u>1</u> Number in order of birth	(6) <u>Yes</u> Are Parents Married?	(7) DATE OF BIRTH <u>Nov. 12, 1916</u> (Name of Month) (Day) (Year)
--------------------------------	--	--	--	--

FATHER.

(8) FULL NAME James S. Gorman(9) PRESENT POSTOFFICE OF FATHER Pauline S. C. R. 1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Spartanburg Co S C(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Five

File No.—For State Registrar Only

87563

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4010 Registered No. 5-0
(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Harrison(15) PRESENT POSTOFFICE OF MOTHER Pauline S. C. R. 1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Spartanburg Co S C(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive 8:40 A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) S. V. D. Lancaster M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Pauline 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 Dec 10 1916 (28) W. F. Newman 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.