

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Cherokee
 or
 Inc. Town of Chesnee
 or
 City of X (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
91831

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 18, 1916
 (Name of Month) (Day) (Year)

FATHER.**MOTHER.**

(8) FULL NAME Slide Robert Budd (14) NAME BEFORE MARRIAGE Julia Blagden
 (9) PRESENT POSTOFFICE OF FATHER Chesnee S.C. (15) PRESENT POSTOFFICE OF MOTHER Chesnee S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years) (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE South Car. (18) BIRTHPLACE South Car.
 (13) OCCUPATION Cotton Mill work (19) OCCUPATION Housewife
 (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 born alive at 6:10 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)
 (23) (Signature) J. B. Good (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physicians Chesnee S.C.

Given name added from a supplemental report

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

(27) Filed Apr 21 1916 (28) J. Blockaver 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.