

## (1) PAGE OF BIRTH

## CERTIFICATE OF BIRTH

County of Spokane

STATE OF SOUTH CAROLINA

Township of WhitneyBureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

37771 X

City of WhitneyRegistration District No. 4008Registered No. 314(2) Full Name of Child Arabelle Sparkling If child is not yet named, make supplemental report as directed(3) SEX OF CHILD  
GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

FATHER

MOTHER

(8) FULL NAME

(9) NAME BEFORE MARRIAGE

(10) PRESENT POSTOFFICE OF FATHER

(11) PRESENT POSTOFFICE OF MOTHER

(12) COLOR OR RACE

(13) AGE AT LAST BIRTHDAY

(14) BIRTHPLACE

(15) BIRTHPLACE

(16) OCCUPATION

(17) OCCUPATION

(18) Number of children born to mother, including present birth

(19) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) (22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name and address of a supplement-  
in report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mother)

6-12-42, 191...  
Thos. P. Leland  
Registrar

(25) Date (26) Signature

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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