

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only:
74738

PLACE OF BIRTH
of *Spartanburg*
of *Cherokee*

Registration District No. *4007a* Registered No. *218*
(For use of Local Registrar)

Name of Child St.; Ward)
(No. instead of street and number.)
If child is not yet named, make supplemental report as directed

(4) Twin or Triplet? (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *aug 4, 1916*
(Name of Month) (Day) (Year)

FATHER.
Hompson Halp

(14) NAME BEFORE MARRIAGE *Lilie Elus.*

PRESENT OFFICE OF FATHER *Chesnee S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Chesnee S.C.*

COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *30* (Years)

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *26* (Years)

BIRTHPLACE *North Car.*

(18) BIRTHPLACE *North Car.*

OCCUPATION *Harrowing*

(19) OCCUPATION *House work.*

Number of children born to mother, including present birth *5*

(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *10.74* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. B. Cerant* (24) State (Whether Physician or Midwife) *Physician* (25) Address of Physician or Midwife *Chesnee S.C.*

Name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *J. B. Cerant*
(27) Filed *Aug 4, 1916.* (28) *J. B. Cerant* Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Only

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