

(1) PLACE OF BIRTH

County of

Spartanburg

Township of

N.

or

Inc. Town of

Spartanburg

or

City of

Spartanburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. —For State Registrar Only

57512

Registration District No.

40-a

Registered No.

126

(For use of Local Registrar)

St.; *2* Ward

(2) Full Name of Child.

Erinsteel

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth

7

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

April 9, 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charles Erinstein

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

43

(Years)

(12) BIRTHPLACE

Hawick Co. Tenn.

(13) OCCUPATION

Hosiery Mill

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Rhoda Hayes

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Hawick Co. Tenn.

(19) OCCUPATION

at home

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *liveborn*, at *6 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. P. F. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phys. Spartanburg 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 *May 1, 1916*

(28)

Jas Copes

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.

fifth month of pregnancy.