

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of Beech Springs

or Inc. Town of

or City of

(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

74700

Registration District No. 40-C Registered No. 151
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 30 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Mooney Bricent(9) PRESENT POSTOFFICE OF FATHER Inman SC.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE SC.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie May Johnson(15) PRESENT POSTOFFICE OF MOTHER Inman SC.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE SC.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 P. M.,
(Born alive or stillborn) (Hour, M. or P. M.)
on the date above stated.(23) (Signature) W. J. Whamm, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Inman SC

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 Aug 31 1916 (28) E. A. Rogers
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.