

CERTIFICATE OF BIRTHCounty of Spartanburg STATE OF SOUTH CAROLINATownship of Reeolite Bureau of Vital Statistics
State Board of HealthInc. Town of Camp Registration District No. 4006City of _____ (No. _____) Registered No. 180
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St. _____ Ward _____(2) Full Name of Child Phyllis Louise Gordon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 14, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME John Gordon

(9) PRESENT POSTOFFICE OF FATHER Camp

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Cherokee S.C.

(13) OCCUPATION mill hand

(20) Number of children born to mother, including present birth { 1 }**MOTHER.**

(14) NAME BEFORE MARRIAGE Lizzie Gray

(15) PRESENT POSTOFFICE OF MOTHER Camp

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Spartanburg S.C.

(19) OCCUPATION house wife

(21) Number of children of this mother now living, including present birth { 1 }**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was Born, at 9:30 a.m. (M.,
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) H. C. Hart

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) File Jan 1st 1917 (28) M. W. Brown 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.

WHITE PLAINLY, WHEN UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia