

(1) PLACE OF BIRTH

County of Union
Township of Union
or
Inc. Town of Monarch
or
City of _____ (No. _____ St.; _____ Ward)
(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

70735

Registration District No. 4207 Registered No. 376
(For use of Local Registrar)

(2) Full Name of Child Luther Sparks } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 29, 1916
(Month) (Day) (Year)

FATHER.
(8) FULL NAME Will Sparks
(9) PRESENT POSTOFFICE OF FATHER Union SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Union Co SC
(13) OCCUPATION Mill work

MOTHER.
(14) NAME BEFORE MARRIAGE Ada Timmon
(15) PRESENT POSTOFFICE OF MOTHER Union SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Greenville Co SC
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth Two (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 69 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Hope
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union SC

Given name added from a supplemental report 1/11/43
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. J. Jarrott

(27) Filed July 12, 1916 (28) J. J. Jarrott 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.

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McCauley of Columbia
FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 6.
N.B.—In case of twins or triplets, give name of each child, and mark the