

(1) PLACE OF BIRTH Spartanburg COUNTY OF Spartanburg STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**50529**

Inc. Town of ..... or ..... Registration District No. 4008 Registered No. 448  
(For use of Local Registrar)  
City of R.D. (No. ....) St.: ..... Ward: .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u> <small>To be answered only in event of Twins or Triplets.</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>February 14</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Henry Lawrence Sillars</u>		(14) NAME BEFORE MARRIAGE <u>Elizabeth C. Sillars</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sp. R.F.D. 4</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Sp. R.F.D. 4</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Union County, S.C.</u>		(18) BIRTHPLACE <u>Pauline P.O. Spartanburg S.C.</u>		
(13) OCCUPATION <u>Lumber Carpenter</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 8:10 P.M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.  
(23) (Signature) James L. Sillars  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report ....., 191.... ..... Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by midwife) <u>E. F. Parker</u> (27) Filed <u>Feb 20 1916</u> (28) <u>E. F. Parker</u> Local Registrar
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\*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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WHEN REGISTERED IN THE BIRTH RECORD, THIS IS A PERMANENT RECORD.  
 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