

PLACE OF BIRTH

of Spartanburg

Ship of 11

Town of

or

(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

87530

Registration District No. 4008

Registered No. 723
(For use of Local Registrar)

Full Name of Child Louise

Huller

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

BOY OR GIRL? G

(4) Twin or Triplets? yes

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Nov 8 1916

FATHER.

FULL NAME Willie Huller

PRESENT POSTOFFICE OF FATHER Shorbeck R.D. 1

COLOR OR RACE C

(11) AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE S.C.

OCCUPATION Farmer

Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie S. Holcomb

(15) PRESENT POSTOFFICE OF MOTHER Shorbeck R.D. 1

(16) COLOR OR RACE C

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was born alive at 11 A (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jeretta Crawford, Mid.

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

When name added from a supplemental report

(26) Witness E. F. Parker Reg 4008
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 20 1916 (28) E. F. Parker 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.