

PLACE OF BIRTH

of Spartanburg

Ship of 11

or Town of

or (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Louise

BOY OR GIRL? Girl

(4) Twin or Triplets? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov 8 1916

(8) COLOR OR RACE C

(9) BIRTHPLACE S.C.

(10) OCCUPATION Farmer

(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) Number of children born to mother, including present birth 1

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)

St.; Ward)

(No. If child is not yet named, make supplemental report as directed

Full Name of Child Louise

(4) Twin or Triplets? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov 8 1916

(8) COLOR OR RACE C

(9) BIRTHPLACE S.C.

(10) OCCUPATION Housewife

(11) AGE AT LAST BIRTHDAY 20 (Years)

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

(13) NAME BEFORE MARRIAGE Nettie S. Holcomb

(14) PRESENT POSTOFFICE OF MOTHER Portneck R.D.

(15) COLOR OR RACE C

(16) BIRTHPLACE S.C.

(17) OCCUPATION Housewife

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

(19) NAME BEFORE MARRIAGE Nettie S. Holcomb

(20) PRESENT POSTOFFICE OF MOTHER Portneck R.D.

(21) COLOR OR RACE C

(22) BIRTHPLACE S.C.

(23) OCCUPATION Housewife

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

(25) NAME BEFORE MARRIAGE Nettie S. Holcomb

(26) PRESENT POSTOFFICE OF MOTHER Portneck R.D.

(27) COLOR OR RACE C

(28) BIRTHPLACE S.C.

(29) OCCUPATION Housewife

(30) 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 at M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Jeretta Crawford

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 11 A

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

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.