

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Hollins Creek

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—for State Register Only

41580

Inc. of ..... Registration District No. 31.0.8 Registered No. 42  
 (For use of Local Registrar)  
 City of ..... (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

(1) SEX OR LINE	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month of Birth) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME		(14) NAME BEFORE MARRIAGE		
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER		
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE		(18) BIRTHPLACE		
(13) OCCUPATION		(19) OCCUPATION		
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) .....  
 (24) State whether Physician or Midwife: (25) Address of Physician or Midwife

When name added from a supplement-  
 tal report

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

(27) Filed Jun 16 1924 (28) T. H. S. Smith  
 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.