

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

70347

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of *Buck Springs*

or

Inc. Town of

or

City of

Registration District No. *40-C*

Registered No. *131*

(For use of Local Registrar)

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

(2) Full Name of Child. *Larry Booker*

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>1</i>	(5) Number in order of birth <i>11</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>June 30 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *James Booker*

(9) PRESENT POSTOFFICE OF FATHER *Wellford RFD*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *43* (Years)

(12) BIRTHPLACE *SC*

(13) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth *11*

MOTHER.

(14) NAME BEFORE MARRIAGE *Callum Mooney*

(15) PRESENT POSTOFFICE OF MOTHER *Wellford RFD*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *42* (Years)

(18) BIRTHPLACE *NC*

(19) OCCUPATION *Housework*

(21) Number of children of this mother now living, including present birth *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *4* *A.M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Calapera Wood*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Wellford*

Given name added from a supplemental report

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

(27) Filed *July 26 1916* (28) *E. Calapera* (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.

FORM NO. 1. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—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.