

(1) PLACE OF BIRTH

County of Spartanburg
Township of Walnut Grove
or
Inc. Town of _____
of _____
City of _____
(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
79373

Registration District No. 4010 Registered No. 25
(For use of Local Registrar)

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

(3) BOY OR GIRL boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 13 1917
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Charlie Gorman
(9) PRESENT POSTOFFICE OF FATHER Pauline S.C.R.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Spartanburg Co S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth two

MOTHER.
(14) NAME BEFORE MARRIAGE Annie Maud Ashbell
(15) PRESENT POSTOFFICE OF MOTHER Pauline S.C.R.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Spartanburg Co S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P.M. (Born alive or stillborn) (Hour A.M. or P.M.)
(23) (Signature) F. J. D. Lammie, M.D.
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Pauline S.C.

Given name added from a supplemental report _____
_____ 1917

Registrar
(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 11 1917 (28) Dr. Fred Newman 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.
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A K S : A F E T Y A F