

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or
Inc. Town of
or
City ofSpartanburg

(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

91725

Registration District No. 40-ARegistered No. 471

(For use of Local Registrar)

(2) Full Name of Child. Robert L. Cartee

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 2. 16</u>
<small>To be answered only in case of twins or triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME N. L. Cartee

(9) PRESENT POSTOFFICE OF FATHER City.

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Mill Work

(20) Number of children born to mother, including present birth { 9 }

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Shields

(15) PRESENT POSTOFFICE OF MOTHER City.

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(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 7.45 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. D. Cudd M. D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 1 1917 (28) Joe Cooper 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.

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.

McCam, of Columbia.