

No. 1.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Beech Springs
OR
Inc. Town of.....
OR
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
91757

Registration District No. N.C. Registered No. 772
(For use of Local Registrar)

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

(2) Full Name of Child "Deed"

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 30 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Lester B Riddings
(9) PRESENT POSTOFFICE OF FATHER Immanuel
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Polk Co. N.C.
(13) OCCUPATION Cotton Mill Operative
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Minnie Lee Brady
(15) PRESENT POSTOFFICE OF MOTHER Immanuel S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Spartanburg Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:45 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. B. Gibson M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Immanuel S.C.

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 30 1916 (28) Ed. Taylor 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.