

(1) PLACE OF BIRTH

County of Spartanburg
Township of Woodruff
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
91928

Registration District No. 4009

Registered No. 161
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child Perry Grubbs { 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 Dec 8 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Dora Grubbs
(9) PRESENT POSTOFFICE OF FATHER Woodruff & Spartanburg
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
(12) BIRTHPLACE Spartanburg Co
(13) OCCUPATION Home
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Dora Weathers
(15) PRESENT POSTOFFICE OF MOTHER Woodruff & Spartanburg
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(18) BIRTHPLACE Laurin County
(19) OCCUPATION Home keeper
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Workman (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Woodruff

Given name added from a supplemental report
Mar. 21 1917
E. Wallace
Chas. B. V. S. Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 11 1917 (28) Chas. Boyter 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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