

(1) PLACE OF BIRTH

County of Spartanburg

Township of Shiloh

Inc. Town of .....

City of .....

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

(2) Full Name of Child Mirona Oliveria McFadden 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. 15, 1916 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Wesley McFadden

(9) PRESENT POSTOFFICE OF FATHER Shiloh

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Spartanburg Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER. (14) NAME BEFORE MARRIAGE Sally Dickey

(15) PRESENT POSTOFFICE OF MOTHER Shiloh

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Spartanburg

(19) OCCUPATION Housekeeper

(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 alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Y. Duggal

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Shiloh Po

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) S. B. McElveen

(27) Filed 12:23 1916 (28) S. B. McElveen 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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REPRODUCED FROM THE 1916 BIRTH REGISTRATION STATISTICS FOR SOUTH CAROLINA, PREPARED BY THE BUREAU OF VITAL STATISTICS, STATE DEPARTMENT OF HEALTH, COLUMBIA, S. C.

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