

SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg

or
Inc. Town of
or
City of Spartanburg
(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

91894

Registration District No. 4008

Registered No. 751
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of twins or triplets

(6) Are Parents Married? no

(7) DATE OF BIRTH Dec 5 1916
(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

Bojce Glover

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg R.I.S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Spartanburg Co S.C.

(13) OCCUPATION

Farmer

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

1

(14) NAME BEFORE MARRIAGE

Lillian Quinn

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg R.I.S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Spartanburg Co S.C.

(19) OCCUPATION

lives with her father

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 4 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Whiting S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Dec 16 1916

(28) E. F. Parker

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.

fifth month of pregnancy.