

MAILED RECEIVED FROM BIRMINGHAM
THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
PLACES PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK, No. 2, etc., in question 5.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Spartanburg
Township of Spartanburg
or
Inc. Town of Whitney
or
City of Whitney
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 4008 Registered No. 593
(For use of Local Registrar)
St.; Ward

File No.—For State Registrar Only

70476

(2) Full Name of Child George Edwin Stanley
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>June 28</u> 19 <u>16</u> (Name of Month) (Day) (Year) |
| FATHER. | | | | MOTHER. |
| (8) FULL NAME <u>Dewitt Thomason</u> | | | | (14) NAME BEFORE MARRIAGE <u>Maggie Stanley</u> |
| (9) PRESENT POSTOFFICE OF FATHER <u>Whitney S.C.</u> | | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Whitney</u> |
| (10) COLOR OR RACE <u>White</u> | | | | (16) COLOR OR RACE <u>White</u> |
| (11) AGE AT LAST BIRTHDAY <u>19</u> (Years) | | | | (17) AGE AT LAST BIRTHDAY <u>17</u> (Years) |
| (12) BIRTHPLACE <u>Spartanburg Co S.C.</u> | | | | (18) BIRTHPLACE <u>Greene Co S.C.</u> |
| (13) OCCUPATION <u>Mill Operator</u> | | | | (19) OCCUPATION <u>Housewife</u> |
| (20) Number of children born to mother, including present birth <u>1</u> | | | | (21) Number of children of this mother now living, including present birth <u>1</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 0 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) W. H. Chapman
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitney 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 July 12 1916 (28) C. 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.