

Form No. 1

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

74694

County of

Spartanburg

Township of

Beech Springs

or  
Inc. Town of

Registration District No. 40-2 Registered No. 1457

(For use of Local Registrar)

or

City of

(No. .... St.; .... Ward)

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

(2) Full Name of Child

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 18, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Arthur Franklin Brock

(9) PRESENT POSTOFFICE OF FATHER

Inman S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 29

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Nattie Broom

(15) PRESENT POSTOFFICE OF MOTHER

Inman S.C.

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 28

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

Geo E Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Inman 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

Aug 18 1916

(28)

Calapers

(Local Registrar)

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.