CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
74741

(1) PLACE OF BIRTH
County of Spartanburg
Township of Cherokee
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4007 a

Registered No. 221
(For use of Local Registrar)
St.; ..... Ward)
(No. .....

(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? —
To be answered only in event of Twins or Triplets
(5) Number in order of birth 9
(6) Are Parents Married? Yes
(7) DATE OF BIRTH (Name of Month) Aug (Day) 6, 19 16 (Year)

FATHER.

(8) FULL NAME Will Prince
(9) PRESENT POSTOFFICE OF FATHER Chesnee S.C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Polk Co N.C.
(13) OCCUPATION Millwork

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Henderson
(15) PRESENT POSTOFFICE OF MOTHER Chesnee S.C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Polk Co N.C.
(19) OCCUPATION Housekeeping
(20) Number of children born to mother, including present birth 9
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:15 A.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) J. E. McTrimmy
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Chesnee S.C.

Given name added from a supplemental report
..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug. 10 1916. (28) J. Blackwell
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.