(1) PLACE OF BIRTH

County of Spartanburg

Township of Jacobs

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
91878

Registration District No. 4006 Registered No. 181
(For use of Local Registrar)

(2) Full Name of Child Mary Frances Red

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? X

(5) Number in order of birth? X

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 12 (Name of Month) 17 (Day) 1916 (Year)

FATHER.

(8) FULL NAME Cluff Red

(9) PRESENT POSTOFFICE OF FATHER Jacobs

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Jones

(15) PRESENT POSTOFFICE OF MOTHER Jacobs

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House Wife

(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 (Born alive or stillborn) at 9 a. (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) Cluff Red Father

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Jacobs

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 12/19/16 (28) M. W. Brown
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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McCaw of Columbia, Columbia, S. C.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.