

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Pacolet
 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.)

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

File No.—For State Registrar Only
74793

Registration District No. 4006 Registered No. 121
 (For use of Local Registrar)

(2) Full Name of Child Louise Moss } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u> Girl </u>	(4) Twin or Triplet? <u> </u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u> No </u>	(7) DATE OF BIRTH <u> Aug. 22 1916 </u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Scott Brown

(9) PRESENT POSTOFFICE OF FATHER Pacolet SC

(10) COLOR OR RACE Brown (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE D.C.

(13) OCCUPATION House Keeper

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Moss

(15) PRESENT POSTOFFICE OF MOTHER Pacolet SC

(16) COLOR OR RACE Brown (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE Pacolet SC

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) C. Gibbons
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
, 191...
 Registrar

(26) Witness M. W. Brown
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug 25 1916 (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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.
 McCaw, of Columbia.