

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

79237

City of *Spartanburg*
County of *Cherokee*

Municipality of

or

Town of

or

of

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

Registration District No. *4002a*Registered No. *740*

(For use of Local Registrar)

(No.)

St.

Ward

Full Name of Child

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

BOY OR

GIRL

(4) Twin or Triplet? *X*(5) Number in order of birth *One*(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Sept. 13, 1916

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OF SKIN

RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

FATHER.

FATHER.

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(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

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

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

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

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

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

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *42 S.D.* on the date above stated. (Hour & M. or P. M.)(23) (Signature) *J. B. Ceap*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Chesnee S.C.*

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Sept 15 1916

(28)

J. B. Blackwell

Local Registrar

When name added from a supplemental report

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Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.