

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburgor
Inc. Town of
orCity of Spartanburg

(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 HealthFile No. — For State Registrar Only
91905Registration District No. 4008Registered No. 762
(For use of Local Registrar)(2) Full Name of Child James Wilson KoonSt.; Ward)
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

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)
Dec. 14 1916

FATHER.

(8) FULL NAME Grover Koon(9) PRESENT POSTOFFICE OF FATHER Spartanburg R. I. S. C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31

(Years)

(12) BIRTHPLACE Union Co S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

MOTHER.

(15) NAME BEFORE MARRIAGE Arrie Harmon(16) PRESENT POSTOFFICE OF MOTHER Spartanburg R. I. S. C.(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 28

(Years)

(19) BIRTHPLACE Spartanburg Co S. C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 a on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Chapman(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Whitney 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 Dec 20 1916

(28)

E. F. Parker

Local F

When there was no attending physician or midwife, then the father, householder, etc., should make this report as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.