

FORM NO. 6  
 MARCH REVISION 1915  
 THESE PLACES, WITH READING BY-210 IN A  
 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 8.  
 McCraw, of Columbia.

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

(1) PLACE OF BIRTH  
 County of  Spartanburg   
 Township of  Beech Springs   
 Inc. Town of .....  
 City of .....  
 Registration District No.  40-C  Registered No.  202   
 (For use of Local Registrar)

File No.—For State Registrar Only  
 87352

(2) Full Name of Child ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u> Girl </u>	(4) Twin or Triplet? <u> </u>	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u> Yes </u>	(7) DATE OF BIRTH <u> Nov. 8, 1916 </u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u> Nathaniel Rookard </u>		(14) NAME BEFORE MARRIAGE <u> Hattie Suddady </u>		
(9) PRESENT POSTOFFICE OF FATHER <u> Inmanville </u>		(15) PRESENT POSTOFFICE OF MOTHER <u> Inmanville </u>		
(10) COLOR OR RACE <u> Negro </u>	(11) AGE AT LAST BIRTHDAY <u> 22 </u> (Years)	(16) COLOR OR RACE <u> Negro </u>	(17) AGE AT LAST BIRTHDAY <u> 19 </u> (Years)	
(12) BIRTHPLACE <u> Spty Co SC </u>		(18) BIRTHPLACE <u> Spty Co SC </u>		
(13) OCCUPATION <u> Farmer </u>		(19) OCCUPATION <u> Housewife </u>		
(20) Number of children born to mother, including present birth .....		(21) Number of children of this mother now living, including present birth .....		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was  born alive  at  1:30 a. m.  on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)  Jas. N. Gibson, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
 Inmanville

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 J. H. ...

(27) Filed  Nov 13 1916  (28)  J. H. ...  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.

before the fifth month of pregnancy.