

FORM NO. 4
VITAL STATISTICS, WITH READING TABLE AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
1. D.—In case of twins or triplets use a SEPARATE BLANK for each child, and mark the
McGraw-Hill of Columbia

(1) PLACE OF BIRTH

County of Spartanburg
Township of Beech Springs

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
 87352

Inc. Town of Registration District No. 40-C Registered No. 202
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u> Yes </u>	(7) DATE OF BIRTH <u> Nov. 8, 1916 </u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u> Nathaniel Rookard </u>			(14) NAME BEFORE MARRIAGE <u> Hattie Snoddy </u>	
(9) PRESENT POSTOFFICE OF FATHER <u> Immortal </u>			(15) PRESENT POSTOFFICE OF MOTHER <u> Immortal </u>	
(10) COLOR OR RACE <u> Negro </u>	(11) AGE AT LAST BIRTHDAY <u> 22 </u> <small>(Years)</small>	(16) COLOR OR RACE <u> Negro </u>	(17) AGE AT LAST BIRTHDAY <u> 19 </u> <small>(Years)</small>	
(12) BIRTHPLACE <u> Sptg Co SC </u>		(18) BIRTHPLACE <u> Sptg Co SC </u>		
(13) OCCUPATION <u> Farmer </u>		(19) OCCUPATION <u> Housewife </u>		
(20) Number of children born to mother, including present birth { 1		(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 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. R. Gibson, M.D.

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

Given name added from a supplemental report

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

(27) Filed Nov. 3, 1916 (28) E. L. Dapers
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