(1) PLACE OF BIRTH

County of Spartanburg

Township of " "

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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
74813

Registration District No. 4C18 Registered No. 642
(For use of Local Registrar)

(2) Full Name of Child. Elmer Leland Quinn

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets	2	Yes	August 14, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William N. Quinn

(9) PRESENT POSTOFFICE OF FATHER Glendale

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

(12) BIRTHPLACE Spartanburg S. C.

(13) OCCUPATION Millwork

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nettie May Turner

(15) PRESENT POSTOFFICE OF MOTHER Glendale

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Mill Springs N. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. M. Allen

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Spartanburg S. C.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Aug 18 1916 (28) E. F. Parker
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.

MARGIN RESERVED FOR BINDING.

NO. 6

WRITE PLAINLY, 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.