

(1) PLACE OF BIRTH

County of  Spartanburg

Township of  Crossfields

or  
Inc. Town of .....

or  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. -- For State Registrar Only

66182

Registration District No. .... Registered No.  105

(For use of Local Registrar)

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> Boy </u>	(4) Twin or Triplet? <input checked="" type="checkbox"/> <small>Is he named only in case of twins or triplets</small>	(5) Number in order of birth <input checked="" type="checkbox"/>	(6) Are Parents Married? <u> yes </u>	(7) DATE OF BIRTH <u> June 3 </u> 19 <u> 16 </u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME  Light Jones

(9) PRESENT POSTOFFICE OF FATHER  Sumner SC

(10) COLOR OR RACE  Colored  (11) AGE AT LAST BIRTHDAY  28  (Years)

(12) BIRTHPLACE  SC

(13) OCCUPATION  Farmer

(20) Number of children born to mother, including present birth  4

MOTHER.

(14) NAME BEFORE MARRIAGE  Fannie Wilson

(15) PRESENT POSTOFFICE OF MOTHER  Sumner SC

(16) COLOR OR RACE  Colored  (17) AGE AT LAST BIRTHDAY  22  (Years)

(18) BIRTHPLACE  SC

(19) OCCUPATION  Housework

(21) Number of children of this mother now living, including present birth  3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was  alive  at  9  A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)  R. L. Thompson

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

Physician   Sumner

Given name added from a supplemental report

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

(27) Filed  June 11, 1916  (28)  Ed. Dyer  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.

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MAILED BY COLUMBIA ...