

FILE NO. 6
MARGIN RESERVED FOR BINDING.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WHEN 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.

N. B.—McCaw, 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 *Cherokee*
 or
 Inc. Town of *Spartanburg* Registration District No. *4002B* Registered No. *146*
 or
 City of *Spartanburg* (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Emma Maur Parris* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Apr. 15, 1916</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Leander Parris</i>			(14) NAME BEFORE MARRIAGE <i>Maud Powell</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Spartanburg R.I.S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Spartanburg R.I.S.C.</i>	
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>36</i> (Years)	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>30</i> (Years)	
(12) BIRTHPLACE <i>Spartanburg S.C.</i>			(18) BIRTHPLACE <i>Spartanburg S.C.</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>4</i>			(21) Number of children of this mother now living, including present birth <i>4</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5 P.* 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 *2nd 3* 1016

C. W. Miller Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by physician) *W. H. Painter*

(27) Filed *Apr. 25* 191... (28) *W. H. Painter* 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.

W. H. Painter Registrar (29) Filed *Apr. 25* 191... (30) *W. H. Painter* Local Registrar.

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