

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

File No. — For State Registrar Only
66241

(1) PLACE OF BIRTH

County of Spartanburg

Township of Cherokee

or

Inc. Town of

or

City of

Registration District No. 4092 D

Registered No. 174

(For use of Local Registrar)

St.:

Ward:

(2) Full Name of Child Oscar Boyd Sprouse

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 10 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Sprouse

(9) PRESENT POSTOFFICE OF FATHER Spartanburg R. 1

(10) COLOR OR RACE W. T. (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE D. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Easter

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg R. 1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE D. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. M. Chapman

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

Physician Cherokee S. C.

Given name added from a supplemental report

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

(27) Filed June 13 1916 (28) J. M. 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.

..... Registrar

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FORM NO. 6
WHEN NO. 6
M. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.
M. B.—McCaw of Columbia