

WHITE PLAIN, WITH CEILING TAP—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.  
 M. McCaw, of Columbia

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

File No.—For State Registrar Only  
**66145**

(1) PLACE OF BIRTH  
 County of Spartanburg  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 42 Registered No. 933  
 of ..... (For use of Local Registrar)  
 City of ..... (No. 12 Lenoir or ..... St.; ..... 4 ..... 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? ..... <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>6 7 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Frank L. Esh</u>	(14) NAME BEFORE MARRIAGE <u>Bertha Waltrip</u>			
(9) PRESENT POSTOFFICE OF FATHER <u># 12 Lenoir or Spartanburg Co</u>	(15) PRESENT POSTOFFICE OF MOTHER <u># 13 Lenoir or Spartanburg SC.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>	
(12) BIRTHPLACE <u>Spartanburg Co.</u>	(18) BIRTHPLACE <u>Mathison Co W.C.</u>			
(13) OCCUPATION <u>Iron Work</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born, at ..... 4 ..... P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Lancaster M.D.  
 (24) State whether Physician or Midwife (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 <u>July 11 1916</u> (28) <u>Jas. Copes</u> Local Registrar.
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\*When there was no attending physician or midwife, then the father, household, 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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