

(1) PLACE OF BIRTH

County of SpartanburgTownship of 11or
Inc. Town of 15or
City of Spartanburg

(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

57516

Registration District No. 40-a Registered No. 130

(For use of Local Registrar)

(2) Full Name of Child Lois Hampton Christy } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>4 29 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lois Hampton Christy(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Bumawick Co(13) OCCUPATION mill work(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Smith(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Christy S.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 at 5:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. B. Copes(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed May 1 1916 (28) W. B. Copes 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 | Local Registrar

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MARGIN RESERVED FOR BINDING.
 THIS IS A PERMANENT RECORD.
 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. D. McCaw, of Columbia