

10) PLACE OF BIRTH

County of *Spartanburg*

Township of *Blue Springs*

or

Inc. Town of

or

City of

(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

79282

Registration District No. *445*

Registered No. *94*

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

(3) SEX OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

*Sept 28* 191*4*

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

*Sam Jones West*

(14) NAME BEFORE MARRIAGE

*Jinny Fowler*

(9) PRESENT POSTOFFICE OF FATHER

*Pauline & R1*

(15) PRESENT POSTOFFICE OF MOTHER

*Pauline & R1*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*23*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*17*

(12) BIRTHPLACE

*Spartanburg S.C.*

(18) BIRTHPLACE

*Spartanburg S.C.*

(13) OCCUPATION

*Farmer*

(19) OCCUPATION

*Housewife*

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

*One*

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

*One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *7* *A.M.* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

*A. J. D. Lancaster M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician*

*Pauline & R1*

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

*Oct 5* 191*4*

(28)

*J. L. White*

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.

fifth month of pregnancy.