

1) PLACE OF BIRTH

County of *Spartanburg*

Township of *Blair Springs*

or Inc. Town of

City of

### 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. *465* Registered No. *94*  
(For use of Local Registrar)

St. \_\_\_\_\_ 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) SEX OR GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Y* (7) DATE OF BIRTH *Sept 28* 191*4*  
(Name of Month) (Day) (Year)

#### FATHER.

(8) FULL NAME *Sam Jones West*

(9) PRESENT POSTOFFICE OF FATHER *Pauline R1*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23* (Years)

(12) BIRTHPLACE *Spartanburg S.C.*

(13) OCCUPATION *Farmer*

(14) Number of children born to mother, including present birth } *one*

#### MOTHER.

(14) NAME BEFORE MARRIAGE *Jinny Howless*

(15) PRESENT POSTOFFICE OF MOTHER *Pauline S.C. R1*

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

(18) BIRTHPLACE *Spartanburg S.C.*

(19) OCCUPATION *Housewife*

(20) 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) *S. J. D. Lancaster M.D.*

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

*Physician Pauline 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 *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.

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