

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50409

County of *Spartanburg*Township of *Spartanburg*or  
Inc. Town of *Spartanburg*or  
City of *Spartanburg*Registration District No. *110-A* Registered No. *400*

(For use of Local Registrar)

C. (No. .... 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) BOY OR GIRL *Boy*

(4) Twin or Triplet?

Is to be answered only in event of Twins or Triplets

(5) Number in order of birth *7*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Dec 1 1911*

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME *Rev. J. Cohen*

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER *Spartanburg S.C.*(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg S.C.*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *60* (Years)(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *50* (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION *Minister*(19) OCCUPATION *Housekeeper*(20) Number of children born to mother, including present birth *7*(21) Number of children of this mother now living, including present birth *7*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) *J. S. McCall*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Spartanburg 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 *Mich. 1. 1912*

(28)

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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

M. B. McCaw, of Columbia.

McCaw,