CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
91923

Registration District No. 4009 Registered No. 155
(For use of Local Registrar)

(1) PLACE OF BIRTH
County of Spartanburg
Township of Woodruff
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.) (No. St.; Ward)

(2) Full Name of Child Nathaniel Stroble
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Dec 6 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alonzo Stroble
(9) PRESENT POSTOFFICE OF FATHER Woodruff S C R 1
(10) COLOR OR RACE Col
(11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Spartanburg Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Hailey Kilgore
(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.R.1
(16) COLOR OR RACE Col
(17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Greenville Co
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.9 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs. Dora Holley
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Woodruff S.C. R1

Given name added from a supplemental report
19 ....
Registrar

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

(27) Filed 12/17 1916 (28) Chas L Baylee
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.

NOTE.—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.

McCaw of Columbia, Columbia, S. C.