

(1) PLACE OF BIRTH

County of Spartanburg STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Spartanburg State Board of Health  
 Inc. Town of Spartanburg Registration District No. 4008  
 City of Spartanburg (No. R-2) Registered No. 6333  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
74804

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 3, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Joseph Brown</u>			(14) NAME BEFORE MARRIAGE <u>Florence Cudd</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg R 2 S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg R 2 S. C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Folk Co S. C.</u>			(18) BIRTHPLACE <u>Spartanburg Co S. C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth { <u>4</u>			(21) Number of children of this mother now living, including present birth { <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman

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

Physician Whitney 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 Aug 12 1916 (28) E. H. Parker 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.