

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 6.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Spartanburg
Township of
or
Inc. Town of
or
City of Spartanburg

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

File No. — State Registrar Only
91728

Registration District No. 40-a Registered No. 474
(For use of Local Registrar)
(No. 172 Johnson 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 Horace Augustus Sifton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16 '16
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Robt Lee Sifton

MOTHER
(14) NAME BEFORE MARRIAGE H. M. Sifton

(9) PRESENT POSTOFFICE OF FATHER City

(15) PRESENT POSTOFFICE OF MOTHER City

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 42
(Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE Elberton NC

(18) BIRTHPLACE Homer NC

(13) OCCUPATION

(19) OCCUPATION

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 340 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) See affidavit
(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)

M. B. Woodward M.D.
2/16/42 19
Registrar

(27) Filed Jan 1 1917 (28) Jas. Pope
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.