

(1) PLACE OF BIRTH
 County of Spartanburg, S.C. STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
50401

Township of
 or
 Inc. TOWN of Registration District No. 40-A Registered No. 48
 or (For use of Local Registrar)
 City of (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? no (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH July 20 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joseph James Wolfe
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg County
 (10) COLOR OR RACE White (11) AGE AT EAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Spartanburg County
 (13) OCCUPATION Mill Operator Cotton
 (20) Number of children born to mother, including present birth 10

MOTHER.
 (14) NAME BEFORE MARRIAGE May Elizabeth West
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg Co
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE Spartanburg County
 (19) OCCUPATION Home with
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Alive at 8:20 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) James L. Williams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, 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 Mich. 1 1916 (28) James Copps 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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FIRST-BORN, No. 1. WHEN OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.

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