

WHEN HANDING, WITH UNFOLDING TAB—THIS IS A PERMANENT RECORD.

M. 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 8.

McCaw, of Columbia.

(1) PLACE OF BIRTH **SPARTANBURG**  
County of **Spartanburg**.....  
Township of .....  
Inc. Town of .....  
City of **Spartanburg**..... (No. **178** Frequent)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(2) Full Name of Child **Admitted. Michael White** (If child is yet named, make supplemental report as directed)

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

File No.—For State Registrar Only  
**50391**

(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Feb'y, 10**  
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME **Jas. R. Whiteside**  
(9) PRESENT POSTOFFICE OF FATHER **Spartanburg, S.C.**  
(10) COLOR OR RACE **W.** (11) AGE AT LAST BIRTHDAY **39** (Years)  
(12) BIRTHPLACE **Gastonia Co., N.C.**  
(13) OCCUPATION **Minister**  
(20) Number of children born to mother, including present birth **6**

MOTHER.  
(14) NAME BEFORE MARRIAGE **Good**  
(15) PRESENT POSTOFFICE OF MOTHER **Spartanburg, S.C.**  
(16) COLOR OR RACE **W.** (17) AGE AT LAST BIRTHDAY **35** (Years)  
(18) BIRTHPLACE **Rutherfordton Co., N.C.**  
(19) OCCUPATION **House-wife**  
(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** at **5.30 P.M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) **A. D. Cudd** M. D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Spartanburg, S.C.**

Given name added from a supplemental report  
**June 29** 191**6**  
**Admitted**  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed **Feb 1** 191**6** (28) **Jas. Copes** 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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