

## (1) PLACE OF BIRTH

County of

Spartanburg

Township of

Glenn Springs

Inc. or

Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4005

Registered No. 82

(For use of Local Registrar)

## (2) Full Name of Child. Celina More

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Aug 23, 1919

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John More

(9) PRESENT POSTOFFICE OF FATHER

Glenn Springs

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

47

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

12

## MOTHER.

(14) NAME BEFORE MARRIAGE

Celina Hatts

(15) PRESENT POSTOFFICE OF MOTHER

Glenn Springs

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

40

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Harit

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

Midwife Glenn Springs

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

Sept 4, 1919

(28)

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.

MARGIN RESERVED FOR BINDING. WRITE 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 5. McCaw, of Columbia.