

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 87294	
County of <u>Spartanburg</u>		Inc. Town of <u>Spartanburg</u>		Registration District No. <u>40-A</u> Registered No. <u>422</u> (For use of Local Registrar)	
City of <u>Spartanburg</u>		(No. <u>Irwin Ave 172</u> St.; <u>Ward</u>)		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
(2) Full Name of Child <u>Sarah Elizabeth Cecil</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 26</u> , 19 <u>16</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robt T Cecil</u>			(14) NAME BEFORE MARRIAGE <u>Angela DuBois</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg SC</u>		
(10) COLOR <u>White</u> OR RACE		(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR <u>White</u> OR RACE		(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>Thomasville, N.C.</u>			(18) BIRTHPLACE <u>Darlington, S.C.</u>		
(13) OCCUPATION <u>Teaching</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>two (2)</u>			(21) Number of children of this mother now living, including present birth <u>two (2)</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>3:00</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>James P. Jones</u>					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Spartanburg, S.C.</u>					
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 <u>Dec 1 1916</u> (28) <u>Joe C. Jones</u> 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.