

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. SEE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of *Spartanburg*.....

Township of *Spartanburg*.....

or

Inc. Town of .....

or

City of *Spartanburg*.....

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

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87294

Registration District No. *40-A* Registered No. *472*

(For use of Local Registrar)

(2) Full Name of Child *Sarah Elizabeth Cecil*

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

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet? *No*

(5) Number in order of birth *1*

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *Oct 26, 1916*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Robt T Cecil*

(9) PRESENT POSTOFFICE OF FATHER *Spartanburg SC*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *40*  
(Years)

(12) BIRTHPLACE *Thomasville, N.C.*

(13) OCCUPATION *Teaching*

(20) Number of children born to mother, including present birth *two (2)*

MOTHER.

(14) NAME BEFORE MARRIAGE *Angela DuBois*

(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg SC*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *29*  
(Years)

(18) BIRTHPLACE *Darlington, S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *two (2)*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3:00* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *James P. Jones*

(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 *Dec 1 1916* (28) *Joe Cooper* 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.