

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registrar Only
50462

County of Spring STATE OF SOUTH CAROLINA.

Township of Salisbury Bureau of Vital Statistics
or State Board of Health

Inc. Town of Registration District No. 4001 Registered No. 19
(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. Bartha M. Millie If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>13</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 19 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Percy McMillie

(9) PRESENT POSTOFFICE OF FATHER Spring # 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Spring Co

(13) OCCUPATION Carpenter & Merchant

(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Sara Turner

(15) PRESENT POSTOFFICE OF MOTHER Spring # 2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Spring Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. O. Gentry

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Spring # 2

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Mar 4 1916 (28) A. G. Burton
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.

fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. MARGIN RESERVED FOR BINDING. MARGIN RESERVED FOR BINDING.
WHITE 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.
McCraw, of Columbia.