

(1) PLACE OF BIRTH

County of SpartanburgTownship of Stateburg

Inc. Town of

City of

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

66480

Registration District No. 4109 Registered No. 62

(For use of Local Registrar)

2) Full Name of Child Sam Richard

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH 6 19 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Richard(9) PRESENT POST OFFICE OF FATHER Spartanburg S.C.(10) AGE AT LAST BIRTHDAY 31 (Years)(11) BIRTHPLACE S.C.(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Lane(15) PRESENT POST OFFICE OF MOTHER Spartanburg S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housekeeper(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah H. Hargett(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Spartanburg S.C.

(26) Given name added from a supplemental report

(26) Witness A. F. Hargett

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

(27) Filed 6/10 1916 (28) A. F. Hargett Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the pregnancy.