

FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.
 See a SEPARATE BLANK for each child, and mark the
 COUNTY of Columbia.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Beech Springs
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA,
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
87392

Registration District No. 40002 Registered No. 80
(For use of Local Registrar)

(2) Full Name of Child Tempersance Rebecca High } 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 X (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 19 1916
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Andrew H. High
 (9) PRESENT POSTOFFICE OF FATHER Jucapau S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25- (Years)
 (12) BIRTHPLACE Spartanburg Co S.C.
 (13) OCCUPATION Black Smith
 (20) Number of children born to mother, including present birth Three (3.)

MOTHER.
 (14) NAME BEFORE MARRIAGE Tempie Fowler
 (15) PRESENT POSTOFFICE OF MOTHER Jucapau S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Spartanburg Co S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Three (3.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M.)

(23) (Signature) J. D. Brown
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wellford S.C.

Given name added from a supplementa report
 _____, 191____

 Registrar

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov 30 191____ (28) J. D. Brown 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.
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