

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

87549

County of *Spartanburg*Municipality of *Woodruff*

Town of

Registration District No. *4009* Registered No. *144*
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child

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

BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Oct 28, 1916*
(Name of Month) (Day) (Year)

FATHER.

FULL NAME *Walt Bots*PRESENT POSTOFFICE OF FATHER *Cumbee S.C.*(11) AGE AT LAST BIRTHDAY *22* (Years)(12) BIRTHPLACE *Spartanburg*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Liza Smith*(15) PRESENT POSTOFFICE OF MOTHER *Cumbee S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *19* (Years)(18) BIRTHPLACE *Spartanburg*(19) OCCUPATION *domestic*(21) 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 *6 P.M.*
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *Harriet Moody*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Cumbee S.C.*

Given name added from a supplemental report

(26) Witness *W. H. H. H.*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *11/14* 19*16* (28) *Chas. L. Boster* Local RegistrarWhen 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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Will obtain information to complete and forward at once

For State Registrar Only

587

No. *126*

Local Registrar)

number.) Ward)

yet named, make report as directed

3 1916

(Day) (Year)