

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of *Carroll*

Inc. Town of _____ or _____

City of _____ (No. _____ St.; _____ Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87348

Registration District No. *40-C* Registered No. *201*

(For use of Local Registrar)

(2) Full Name of Child. *Lee Kate George*

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <i>Oct. 31</i> 19 <i>16</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME *Lee George*

(9) PRESENT POSTOFFICE OF FATHER *Spartanburg S.C. R3*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28* (Years)

(12) BIRTHPLACE *Spartanburg S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth { *3* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Ola Hall*

(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg S.C. R3*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)

(18) BIRTHPLACE *Spartanburg S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth { *3* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *5:30 P.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Jas. H. Gibson M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Inman*

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 *Nov 13 1916* (28) *S. A. Capers* 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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U.S. GOVERNMENT PRINTING OFFICE: 1915. No. 2, etc., in question 5.