

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

W.1

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.

McCaw, of Columbia.

McCaw.

# (1) PLACE OF BIRTH **Spartanburg** **CERTIFICATE OF BIRTH** **STATE OF SOUTH CAROLINA.** County of **Spartanburg** **Bureau of Vital Statistics** Township of **Spartanburg** **State Board of Health**

File No.—For State Registrar Only  
**50382**

or  
 Inc. Town of **Spartanburg** Registration District No. **408** Registered No. **72**  
 or  
 City of **Spartanburg** (No. **Ing. Ct.**) (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; ..... Ward

(2) Full Name of Child **Ronald Sanders Tracer** { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ **Girl** (4) Twin or Triplet **One** (5) Number in order of birth **1** (6) Are Parents Married **Yes** (7) DATE OF BIRTH **Jan. 29, 1916**  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME **Donald M. Tracer**

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

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

(12) BIRTHPLACE **Attendale, S.C.**

(13) OCCUPATION **Merchant**

(20) Number of children born to mother, including present birth **1**

## MOTHER.

(14) NAME BEFORE MARRIAGE **Annie Mill Saunders**

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

(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **35** (Years)

(18) BIRTHPLACE **Spartanburg, S.C.**

(19) OCCUPATION **Housewife**

(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 **fuller** at **5:30** P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) **L. J. H. H.**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife **M. 15 | Spartanburg, S.C.**

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filled **Mich. 1916** (28) **James Cooper** 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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