

## 1) PLACE OF BIRTH

County of *Spartanburg*Township of *Spartanburg*or  
Inc. Town ofor  
City of *Spartanburg*

(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

74619

Registered No. *302*  
(For use of Local Registrar)Registration District No. *40 a*(No. *W. Main St*) St. \_\_\_\_\_ Ward \_\_\_\_\_

## (2) Full Name of Child

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

(1) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplets?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 1 1916</i> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME *C. H. Huffstetter*(9) PRESENT POSTOFFICE OF FATHER *W. Main St Spartanburg*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *22* (Years)(12) BIRTHPLACE *M.C.*(13) OCCUPATION *Conductor St. Rwy.*(20) Number of children born to mother, including present birth *1*

## MOTHER

(14) NAME BEFORE MARRIAGE *Maggie Neal*(15) PRESENT POSTOFFICE OF MOTHER *W. Main St Spartanburg*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *23* (Years)(18) BIRTHPLACE *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 *alive* at *10:45* *A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. O. Wilson*(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Spartanburg S.C.*

Given name added from a supplemental report

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Registrar

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

(27) Filed *Sept 1 1916* (28) *Gas Copes* 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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