

1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of
 or
 City of Spetbg.
 (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

74618

Registration District No. 40 a

Registered No. 302

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplets? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1 191 6
 (Name of Month) (Day) (Year)

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 N. C.

(13) OCCUPATION Conductor St. Ry.

(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 D. 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. (Hour A. M. or P. M.)

(23) (Signature) J. O. Willson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report

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

(27) Filed Sept 1 191 6 (28) Jas. 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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