

PLEASE PRINT FULL NAME WITH SUFFIX AND LAST NAME WITH SUFFIX IN FULL IN ALL PLACES WHERE APPLICABLE

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.

McC  
of Columbia

(1) PLACE OF BIRTH  
 County of Spartanburg  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 40-a  
 or  
 City of Spartanburg (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child..... (If child is not yet named, make supplemental report as directed)

File No.—For State Registrar Only  
**50394**

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb, 10 1916  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Dave Hughes

(9) PRESENT POSTOFFICE OF FATHER Spartanburg, R.F.D.#3

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Enoree, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Matters

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, R.F.D.#3

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Ashville, N.C.

(19) OCCUPATION House-wife

(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) A. D. Gidd, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 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) Filed Feb 10 1916 (28) Gas Cooper Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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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