

(1) PLACE OF BIRTH
County of Spartanburg
Township of
or
The Town of Anderson
or
City of
(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
79322

Registration District No. 4008 Registered No. 653
(For use of Local Registrar)
(No. 107 Logan 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

BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 3, 1916
To be answered only in treat of twins & triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Zeb Bright
(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION Mill operator
(14) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Maggie Griffin
(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE N.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:45 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) W. P. Logan, M.D.
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife 2 Park Lane, Anderson, S.C.

Given name added from a supplemental report
....., 191.....
Registrar

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

(27) Filed Aug 15, 1916 (28) C. J. Parker 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.

..... fifth month of pregnancy.