

(1) PLACE OF BIRTH  
County of  Spartanburg

Township of  Rockingham

City of  Rockingham

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA,  
Bureau of Vital Statistics  
State Board of Health

Registration District No.  4008

(No.  107   Logan )

File No.—For State Registrar Only  
**79322**

Registered No.  653   
(For use of Local Registrar)

(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

(6) Are  
Parents  
Married?

(7) DATE  
BIRTH

Aug. 3, 1916   
(Name of Month) (Day) (Year)

To be answered only in case of twins or triplets

FATHER.  
FULL  
NAME

PRESENT  
POSTOFFICE  
OF FATHER

(14) COLOR  
OR  
RACE

(15) BIRTHPLACE

(16) OCCUPATION

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

**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.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-  
tal report

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Registrar

(26) Witness

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

(27) Filed

Aug 15, 1916

(28)

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.

Birth month of pregnancy