

MARGIN RESERVED FOR BINDING.

FORM NO. 6.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of Woodruff  
or  
Inc. Town of  
or  
City of

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

File No.—For State Registrar Only  
**74834**

Registration District No. 4009 Registered No. 109  
(For use of Local Registrar)

(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 Henry Haniel Season } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? twins (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 25 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Charlie Todd Season  
(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)  
(12) BIRTHPLACE Spartanburg Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth } 7

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Maud Elizabeth Wright  
(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)  
(18) BIRTHPLACE Spartanburg Co  
(19) OCCUPATION House Keeper  
(21) Number of children of this mother now living, including present birth } 7

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

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Workman  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Woodruff 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)  
Chas L Bayler  
(27) Filed Sept 11 1916 (28) Chas L Bayler 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.