

(1) PLACE OF BIRTH

County of *Spartanburg*
Township of *Reidsville*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87514

Inc. Town of Registration District No. *4.407* Registered No. *129*
(For use of Local Registrar)
or St.; Ward)
City of (No.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child. *Thomas Manning Custer* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet? ☒(5) Number in order of birth *3rd*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Oct. 18, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Leonard W. Custer*(9) PRESENT POSTOFFICE OF FATHER *Greer S.C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *76* (Years)(12) BIRTHPLACE *Greenville Co*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *three*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mrs. Coleman*(15) PRESENT POSTOFFICE OF MOTHER *Greer S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *71* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7:10* (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *W. H. Brockman*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Greer S.C.*

Given name added from a supplemental report

Offid. - 23-50 191...
Registrar

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

(27) Filed *Dec 9* 191... (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.

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