

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
or
Inc. Town of
or
City of Spartanburg

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

File No.—For State Registrar Only
91916Registration District No. 4008Registered No. 776

(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec. 28

(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME W. Y. Linn(9) PRESENT POSTOFFICE OF FATHER Spartanburg RISS.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 44

(Years)

(12) BIRTHPLACE Spartanburg Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 7(14) NAME BEFORE MARRIAGE Elsie Huley(15) PRESENT POSTOFFICE OF MOTHER Spartanburg RISS.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 36

(Years)

(18) BIRTHPLACE Spartanburg Co S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 a on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. S. Chapman(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Whitney S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Dec 30, 1916

(28)

E. F. 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.

Before the next birth