

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		87455	
Township of <u>Cassopolis</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>40010</u>		Registered No. <u>449</u>	
(If birth occurs in a hospital or other institution, give name of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Lilly Thomas</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 18, 1916</u>	
To be answered only in case of twins or triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Henry Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Lillie Randall</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wm. S.C.R. 2</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>43</u> (Years)		
(12) BIRTHPLACE <u>Wm. S.C.</u>			(18) BIRTHPLACE <u>Wm. S.C.</u>		
(13) OCCUPATION <u>mill hand</u>			(19) OCCUPATION <u>domestic</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. L. Smith</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Spartanburg S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 Registrar			(27) Filed <u>Wm. S.</u> 19 (28) <u>L. H. Hunter</u> 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.