

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *1st*or  
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

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

File No. — For State Registrar Only

79350

Registration District No. *4008*Registered No. *681*

(For use of Local Registrar)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(2) Full Name of Child *Aminie Ruth Marsh*

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Sept. 28, 1916*  
(Name of Month) (Day) (Year)**FATHER.**(8) FULL NAME *Tom Marsh*(9) PRESENT POSTOFFICE OF FATHER *C. Clifton, S.C.*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *25*  
(Years)

(12) BIRTHPLACE

*Biltmore, N.C.*

(13) OCCUPATION

*Textile Worker*

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

*four***MOTHER.**(14) NAME BEFORE MARRIAGE *Sister Hill*(15) PRESENT POSTOFFICE OF MOTHER *C. Clifton, S.C.*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *22*  
(Years)

(18) BIRTHPLACE

*C. Clifton, S.C.*

(19) OCCUPATION

*Housewife*

(20) Number of children of this mother now living, including present birth

*three***CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**(22) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated.  
(Born alive or stillborn)*3:00 P.M.*  
(Hour A. M. or P. M.)(23) (Signature) *Mary Davis*

(24) State whether Physician or Midwife

*Midwife*

(25) Address of Physician or Midwife

*Clifton, S.C.*

Given name added from a supplemental report

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(26) Witness

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

(27) *Sept 30* 1916

(28)

*E. F. Parker*  
Local Registrar

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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