

MARGIN REMOVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 2.

Bureau of Census, Columbia, S. C.

## (1) PLACE OF BIRTH

County of  Spartanburg   
 Township of  ...

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

Registration District No.  4746

Registered  ...   
 (For use of Local Health Officer)

## (2) Full Name of Child

(3) SEX OF CHILD  
 Boy

(4) Twin or Triplet  
 No

(5) Number in order of birth  
 1

(6) Age of child  
 4 mo

(7) Date of birth  
 May 15, 1925

## FATHER.

(8) FULL NAME  
 William Stark

(9) PRESENT RESIDENCE OF FATHER  
 Whistler SC

(10) COLOR OR RACE  
 W

(11) AGE AT LAST BIRTHDAY  
 34

(12) BIRTHPLACE  
 SC

(13) OCCUPATION  
 Farmer

(14) Number of children born to mother, including present birth  
 2

## MOTHER.

(14) NAME BEFORE MARRIAGE  
 Hafford

(15) PRESENT RESIDENCE OF MOTHER  
 Whistler SC

(16) COLOR OR RACE  
 W

(17) AGE AT LAST BIRTHDAY  
 34

(18) BIRTHPLACE  
 SC

(19) OCCUPATION  
 Nurse etc

(20) Number of children of this mother now living, including present birth  
 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was  ...  on the date above stated.

(22) (Signature)  ...

(23) State whether Physician or Midwife  ...

(24) Address of Physician or Midwife  ...

Given name added from a supplemental report

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

(26) Filed  Sept 15, 1925  (27)  W. W. Brown

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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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