(1) PLACE OF BIRTH

County of Spartanburg

Township of Campobello

Inc. Town of

City of (No. St.; Ward)

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
33304

Registration District No. 4001 a Registered No. 117
(For use of Local Registrar)

2) Full Name of Child William Harold Cahorn | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth 4th (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 20, 1915 (Name of Month) (Day) (Year)

(To be answered only in event of Twins or Triplets)

FATHER.	MOTHER.
FULL NAME Henry Jackson Cahorn	(14) NAME BEFORE MARRIAGE Sadie Clementine Lancaster
PRESENT POSTOFFICE OF FATHER Landrum, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Landrum, S.C.
COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 Years	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Polk Co. N.C.	(18) BIRTHPLACE Campobello S.C.
OCCUPATION Mill operative	(19) OCCUPATION House keeper
Number of children born to mother including present birth 4	(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Aug. at 12:25 a.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) R. G. Christopher M.D.

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Landrum, 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 Sept. 27 1915 (28) C. L. Maybe 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.

Registrar

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WHITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. B. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child and mark the CHRIST BORN No. 1 THE OTHER No. 2, etc., in question 3.