

## (1) PLACE OF BIRTH

County of CherokeeTownship of Knollysville

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

76200

Registration District No. 1002 Registered No. 31  
(For use of Local Registrar).(2) Full Name of Child Maybell Spruase { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 18, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas Morgan Spruase(9) PRESENT POSTOFFICE OF FATHER Goffney R 6(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
(Years)(12) BIRTHPLACE Ind Co I C(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { ..... 3 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Katy Katherine Pennington(15) PRESENT POSTOFFICE OF MOTHER Goffney R 6(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
(Years)(18) BIRTHPLACE Missouri Mo(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { ..... 3 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at ..... 8 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. J. T. H. Church(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Goffney R 6

Given name added from a supplemental report

....., 191.....  
Sam J. Strain  
Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 9, 1916 (28) Sam J. Strain  
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.

MARGIN RESERVED FOR BINDING. WRITE 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.