

(1) PLACE OF BIRTH

County of Harley
 Township of B. Angora
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
4195

Registration District No. 7-5-00 Registered No. 15
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Emily Anne Spring If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Feb 24, 1927
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Emily Spring

(9) PRESENT POSTOFFICE OF FATHER Allen R 7 W

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
 (Years)

(12) BIRTHPLACE Thayer Co

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Melvin

(15) PRESENT POSTOFFICE OF MOTHER Allen R 7 W

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28
 (Years)

(18) BIRTHPLACE Thayer Co

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M., on the date above stated. (Born alive or stillborn) Hour M. or P. M.)

(23) (Signature) H. H. H. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) File Mar 7, 1927 (28) J. E. Bell 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.

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