

(1) PLACE OF BIRTH

County of *Horry*
Township of *B. Anglers*
OF
Inc. Town of
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 Spruy* (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? *ye* (7) DATE OF BIRTH *Feb 24 1927*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *George Emily Spruy*
(9) PRESENT POSTOFFICE OF FATHER *Allen R 7 W*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30*
(Year)
(12) BIRTHPLACE *Thony 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*
(Year)
(18) BIRTHPLACE *Madison Co*
(19) OCCUPATION *Housework*
(21) Number of children of the 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 *4:00* M., on the date above stated. (Born alive or stillborn) Hour M. or P. M.)

(23) (Signature) *H. H. ...*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
..... 19 ..
Registrar

(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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Sec. of Columbia, Columbia, S. C.