

Form No. 1

## (1) PLACE OF BIRTH

County of *Miller*Township of *Harleem*

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

29941

Registration District No. *1602*Registered No. *108*  
(For use of Local Registrar)

City of

(No.

St.

War.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *James Spark*

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *Bo*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married *Yes*

(7) DATE OF BIRTH

*Sept 12 22*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Sc Spark*(9) PRESENT POSTOFFICE OF FATHER *Little Rock Sc*(10) COLOR OR RACE *black*(11) AGE AT LAST BIRTHDAY *42*  
(Years)(12) BIRTHPLACE *Sc*(13) OCCUPATION *Miner*(20) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Janie McCay*(15) PRESENT POSTOFFICE OF MOTHER *Little Rock Sc*(16) COLOR OR RACE *black*(17) AGE AT LAST BIRTHDAY *21*  
(Years)(18) BIRTHPLACE *Sc*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4 P.* M., on the date above stated. (Born alive or stillborn) (Hour / . M. or P. M.)(23) (Signature) *Mozelle Mcneal*(24) State whether Physician or Midwife *midwife*(25) Address of Physician or Midwife *Little Rock Sc*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Sept 15 1922*(28) *J. J. Hardy* 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BILANIC FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.