

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.

MOHAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of allendaleTownship of 11OR
Inc. Town of 1OR
City of 11(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

40677

Registration District No. 4608 Registered No. 136

(For use of Local Registrar)

(2) Full Name of Child Sarah Kelsey Spigner (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 Twins or Triplets

(5) Number in order of birth

(6) Parents Married?

yes

(7) DATE OF BIRTH

Dec 28 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. Victor Spigner

(9) PRESENT POSTOFFICE OF FATHER

allendale SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Irma Warren

(15) PRESENT POSTOFFICE OF MOTHER

allendale SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. H. Boyd MD

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

allendale SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 30 1922(28) F. H. Boyd MD

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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