

Form No. 1

(1) PLACE OF BIRTH

County of ColletonTownship of Phindan

or

Inc. Town of

or

(City of

(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

18285

Registration District No. 2-1409 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Savak Spell

(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 case of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?

Yes

(7) DATE OF

BIRTH June 18th, 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

Murphy Spell

9 PRESENT POSTOFFICE OF FATHER

Cottageville S.C.

10 COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 27
(Years)

12 BIRTHPLACE

D. C.

13 OCCUPATION

Farmer

20 Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Essie Bennett

(15) PRESENT POSTOFFICE OF MOTHER

Cottageville S.C.

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE

D. C.

(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 Celine at 11 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Cottageville, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 10 1922 (28) Miss Celine Williams Beckman
Registrar 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 BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1 THIS OTHER, No. 2, etc. in question 5.

MACAM OF COLUMBIA, COLUMBIA S. C.