

Form No. 1.

(1) PLACE OF BIRTH

County of Lexington STATE OF SOUTH CAROLINA.
Township of Boiling Springs Bureau of Vital Statistics
or Inc. Town of State Board of Health
or City of Registration District No. 3101

File No. — For State Registrar Only

46827

Registered No. 3
(For use of Local Registrar)
City of (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 Carl Odes Spivey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 9 1916
(Name of Month) (Day) (Year)

| FATHER | | MOTHER | |
|---|--|---|--|
| (8) FULL NAME <u>George Spivey</u> | (14) NAME BEFORE MARRIAGE <u>Allie Shumport</u> | (15) PRESENT POSTOFFICE OF FATHER <u>Edmund Sc</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Edmund Sc</u> |
| (9) PRESENT POSTOFFICE OF FATHER <u>Edmund Sc</u> | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>27</u> (Years) | (17) AGE AT LAST BIRTHDAY <u>21</u> (Years) |
| (10) COLOR OR RACE <u>White</u> | (18) BIRTHPLACE <u>Edmund Sc</u> | (12) BIRTHPLACE <u>Gaston Sc</u> | (19) OCCUPATION <u>House Wife</u> |
| (13) OCCUPATION <u>Farming</u> | (20) Number of children born to mother, including present birth <u>ONE</u> | (21) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mrs. Blume Edmund Sc
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Edmund Sc

Given name added from a supplemental report

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

(27) Filed 2/1 1916 (28) P. H. T. Derrick 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.

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.

McCaw, of Columbia.