

(1) PLACE OF BIRTH

County of ColletonTownship of SherridenInc. Town of Port RoyalCity of S.C.

If birth occurs in a hospital or other institution, Give name of same instead of street and number.)
 (No. St.; Ward)
 (For use of Local Registrar)

(2) Full Name of Child L. J. Spell

File No.—For State Registrar Only

3824

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)
Jan 12 1922

FATHER

(8) FULL NAME

A. Spell

(9) PRESENT POSTOFFICE OF FATHER

Collegeville

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

5-9

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Laborer

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

1 8

(14) NAME BEFORE MARRIAGE

Anna Prasia

(15) PRESENT POSTOFFICE OF MOTHER

Collegeville

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

37

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

1 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Port Royal

(24) State whether Physician or Midwife

Physician or Midwife

(25) Address of Physician or Midwife

Collegeville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filled

19

(28)

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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IN CASE OF TWINNING, WITH UNFADING INK—WRITE IN A PERMANENT INK—GIVE NAME OF EACH CHILD IN FULL, WITH FIRST, MIDDLE, AND LAST NAME, AND DATE OF BIRTH, IN QUESTION 2, ETC., IN QUESTION 3.