

(1) PLACE OF BIRTH

County of

Township of

or
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

21900

Registration District No. 3305

Registered No. 115
(For use of Local Registrar)(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

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

3 SEX OF CHILD Male	4 Twin or Triplet To be answered only in event of Twin or Triplet	5 Number in order of birth	6 Are Parents Married Yes	7 DATE OF BIRTH July 4, 1923 (Name of Month) (Day) (Year)
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FATHER.

8 NAME OF FATHER
William P. Spivey

9 PRESENT POSTOFFICE OF FATHER
McCree St

10 COLOR OR RACE
White

11 AGE AT LAST BIRTHDAY
31
(Years)

12 BIRTHPLACE
Scotland Co NC

13 OCCUPATION
Cotton Mill Work

14 Number of children born to mother, including present birth
4

MOTHER.

15 NAME OF MOTHER
Matie Nickerson

16 PRESENT POSTOFFICE OF MOTHER
McCree St

17 COLOR OR RACE
White

18 AGE AT LAST BIRTHDAY
23
(Years)

19 BIRTHPLACE
Roberson Co NC

20 OCCUPATION
Domestic

21 Number of children of this mother now living, including present birth
4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Born alive, at T. P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Douglas Haines(24) State of South Carolina Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

L. J. P.1923
Registrar

(26) Witness

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

(27) Filed July 15, 1923

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.