

139- 22-050722

Amended P-1 MAY 10 1979

Standard Certificate of Birth

FILE No.—For State Registrar Only

1. PLACE OF BIRTH

County of GreenvilleTownship of HammerInc. Town of HammerCity of Hammer

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2206Registered No. 1268

(For use of Local Registrar)

(No. of child in family is 1 of 1 child in family)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

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

2. FULL NAME OF CHILD

3. Boy or Girl Boy 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Premature 1 7. Are Parents Yes 8. Date of birth Aug 31 19219. Full name Alfred B. Spaulding FATHER 18. Name before marriage Mary Thomas MOTHER10. Residence (mailing address) Sampsonville 19. Residence (mailing address) Sampsonville11. Color or race W 12. Age at last birthday 28 (Years) 20. Color or race W 21. Age at last birthday 22 (Years)13. Birthplace (city or place) S.C. (State or country) 22. Birthplace (city or place) S.C. (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Director15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Director16. Date (month and year) last engaged in this work 5/5-1921 25. Date (month and year) last engaged in this work 6/5-192117. Total time (years) spent in this work 4 26. Total time (years) spent in this work 427. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 128. If stillborn, period of gestation months 29. Cause of stillbirth Before laborSpecify any physical deformities of child at birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 4 p.m. on the date above stated. (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) L. G. Richardson, M.D.Given name added from a supplemental report Sampsonville S.C.or MidwifeAddress Sampsonville S.C.

PHOTO ONLY

(Date of)

Filed AUG 13 1940 Martin B. Woodward, M.D.

Registrar

Registrar

aff next stamp

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)