

## (1) PLACE OF BIRTH

County of CherokeeTownship of Centeror  
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

5153

(2) Full Name of Child Unmarried Spearman If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 31, 1922 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Carl B. Spearman(9) PRESENT POSTOFFICE OF FATHER Westminster R. 1.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Pauline Craig(15) PRESENT POSTOFFICE OF MOTHER Westminster R. 1.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:10 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) W. C. Strickland(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Westminster

Given name added from a supplemental report

..... 101.....

..... Registrar

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

(27) Filed Feb 27 1922 (28) A. P. Martin 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.

Local Registrar.

Registrar

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FIRST-BOOK, No. 1, THE OTHER, No. 2, etc., in question 5.

McPaw, of Columbia.

N. H.

McPaw

K. O. D. A. K. S. A.