

(1) PLACE OF BIRTH

County of Rowan
 Township of
 or
 Inc. Town of
 or
 City of Charlotte

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only

1661

Registration District No. 44 (Registered No. 7)
 (For use of Local Registrar)

(2) Full Name of Child

Carrie Spradley

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

(3) SEX OR GIRL Girl (6) Twin or Triplet? (7) Number in order of Birth (8) Parents Married Yes

(9) DATE OF BIRTH Jan 23, 1918
 (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(1) FULL NAME Carrie Spradley

(2) PRESENT POSTOFFICE OF FATHER Charlotte

(3) COLOR Col (4) AGE AT LAST BIRTHDAY 53 (5) RACE Col

(6) BIRTHPLACE Col

(7) OCCUPATION Farmer

(8) Number of children born to mother, including present birth 7

(9) NAME BEFORE MARRIAGE Frances Washington

(10) PRESENT POSTOFFICE OF MOTHER Charlotte

(11) COLOR Col (12) AGE AT LAST BIRTHDAY 78 (13) RACE Col

(14) BIRTHPLACE Col

(15) OCCUPATION Housewife

(16) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was Carrie Spradley, at Charlotte, on the date above stated.

(18) (Signature)

(19) State whether Physician or Midwife (20) Address of Physician or Midwife

(21) Name added from supplemental report

(22) Witness

(Signature of Witness necessary only when question 23 is signed "No")

(23) Filed

(24) 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.