

Form No. 1

(1) PLACE OF BIRTH

County of Charleston  
Township of Calhoun  
OF  
Inc. Town of .....  
OF  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**17260**

Registration District No. 1301 Registered No. 21  
(For use of Local Registrar)

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

(2) Full Name of Child Bella Maud Sprou 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6, 1923  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Eddie Sprou  
(9) PRESENT POSTOFFICE OF FATHER Paxville S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31  
(Year)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Erlene Wells  
(15) PRESENT POSTOFFICE OF MOTHER Paxville S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
(Year)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A.M. on the date above stated.  
(Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Ella Brunson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Paxville S.C.

Given name added from a supplemental report

(26) Witness May M. Brown  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 2, 1923 (28) C.S. Griffin  
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.

RECEIVED BY CLERK, BUREAU OF VITAL STATISTICS, COLUMBIA, S. C. FIRST-BORN, No. 1, OTHER, No. 2, etc. In question 2