

Form No. 1

(1) PLACE OF BIRTH

County of Florence

Township of

Inc. Town of Florence

City of

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

(2) Full Name of Child Arthur Junior SporesFile No.—For State Registrar Only
34357Registration District No. 20-A Registered No. 346
(For use of Local Registrar)(3) BOY OR GIRL Boy(4) Twin or Triplet? No
To be answered only in event of Twin or Triplet(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct 2718 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rochele Arthur Spores(9) PRESENT POSTOFFICE OF FATHER Florence(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Insurance Solicitor(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Pottery(15) PRESENT POSTOFFICE OF MOTHER Florence(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 Glenn at 4 1/2 M.,
on the date above stated. (Day after or stillborn) Hour A. M. or P. M.)(23) (Signature) John Howell(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Florence

Given name added from a supplemental report

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

(27) 10-28-22 (28) P. H. Buchanan
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.

Form No. 1
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MICHIGAN OF COLUMBIA, COLUMBIA, S. C.