

(1) PLACE OF BIRTH

County of *Pickens*.....Township of *Pickens*.....

Inc. Town of.....

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

Registration District No. *2.2.6.6*No. *11714*Registered No. *444*
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL *Girl* (4) Sex *Female* (5) Date of Birth *March 12, 1923*
(6) Place of Birth *(Place of Birth) (City) (State)*

FATHER

(7) FULL NAME *William A. Spearman*(8) PRESENT RESIDENCE OF FATHER *Pickens A7D7*(9) COLOR OF HAIR *White* (10) AGE AT LAST BIRTHDAY *35*
(11) OCCUPATION *Farmer*(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present one *5*

MOTHER

(15) FULL NAME *Bertha Muller*(16) PRESENT RESIDENCE OF MOTHER *Pickens A7D7*(17) COLOR OF HAIR *White* (18) AGE AT LAST BIRTHDAY *28*
(19) OCCUPATION *Housewife*(20) BIRTHPLACE *S.C.*(21) OCCUPATION *Housewife*(22) Number of children of this mother now living, including present one *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *alive* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) *4 a.*(24) (Signature) *J. A. Bell*

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife *Physician Only S.C.*

Given name added from a supplemental report

(27) Witness

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

(28) Filed

(29)

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.

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