

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark as FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Midway
OR
Inc. Town of
OR
City of

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

File No.—For State Registrar Only
16321

Registration District No. 3620

Registered No. 44
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St. Ward)

(2) Full Name of Child Rafael Spiguer

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 10 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME April Spiguer
(9) PRESENT POSTOFFICE OF FATHER Orby, SC
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 47
(Year) (12) BIRTHPLACE Orby Co SC
(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Mary Kenley
(15) PRESENT POSTOFFICE OF MOTHER Orby, SC
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 36
(Year) (18) BIRTHPLACE Orby Co SC
(19) OCCUPATION work on farm

(20) Number of children born to mother, including present birth 12 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) M. W. Wash

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midway, Orangeburg Co

Given name added from a supplemental report

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

(27) Filed Jan 17 22 (28) M. W. Wash 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.