

Form No. 1

(1) PLACE OF BIRTH

County of MaulboroTownship of Barnettsville

Inc. Town of

City of

(No. St.; Ward)
(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

File No.—For State Registrar Only

43709

Registration District No. 3301 Registered No. 175
(For use of Local Registrar)(2) Full Name of Child Carlstone Spears

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 6 1944</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John J. Spears(9) PRESENT POSTOFFICE OF FATHER Barnettsville, SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Maulboro, O. H.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Wilborn(15) PRESENT POSTOFFICE OF MOTHER Barnettsville, SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE N.C.(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 alive at 11:29 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie Spears(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Barnettsville, SC

Given name added from a supplemental report

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

(27) Filed Dec. 18 1944 (28) Mrs. W. W. Pate
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.

WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, REPLICATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.