

Form No. 8

(1) PLACE OF BIRTH

County of Dorchester
 Township of Lamor SE
 or
 Inc. Town of Lamor SE
 or

CERTIFICATE OF BIRTH

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

FILE NO. For State Registrar Only

17368

Registration District No. 1504Registered No. 44

(For use of Local Registrar)

City of _____ (No. _____) _____ (Pt.) _____ (Ward)

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

(2) Full Name of Child David about 5 km (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? _____ (4) Twin or Triplet? _____ (5) Number in order of birth 7 (6) Are Parents Married? Y (7) DATE OF BIRTH 7/26/23
 To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Geo D Spear</u>	(14) NAME BEFORE MARRIAGE <u>Meade Haulley</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Lamor SE</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lamor SE</u>
(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(18) BIRTHPLACE <u>Lamor SE</u>	(18) BIRTHPLACE <u>Columbia</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother, now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. P. [Signature] (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Lamor SE

Given same added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed July 16 1923

(28)

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 28th month of pregnancy.