

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

22 049469

1. PLACE OF BIRTH
County of Richland
Township of.....
or
Inc. Town of.....
or
City of Columbia, S. C.

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 38-a

FILE No.—For State Registrar Only

1867

Registered No.

(For use of Local Registrar)

Ward

2. FULL NAME OF CHILD James McNary Spigner

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

3. Boy or Girl Boy If Plural births 5 4. Twin, triplet, or other..... 5. Number, in order of birth..... 6. Premature..... 7. Are Parents yes Married? yes 8. Date of birth June 16, 1922
(Month, day, year)

9. Full name FATHER
A. Fletcher Spigner

18. Name before marriage MOTHER
Lorena Elise Tiller

10. Residence (mailing address)
(If non-resident, give place and State) Columbia, S.C.

19. Residence (mailing address)
(If non-resident, give place and State) Columbia, S.C.

11. Color or race W. 12. Age at last birthday 43 (Years)

20. Color or race W. 21. Age at last birthday 39 (Years)

13. Birthplace (city or place) Columbia, S. C.
(State or country)

22. Birthplace (city or place) Williston, S. C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Self

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work..... 17. Total time (years) spent in this work 19

25. Date (month and year) last engaged in this work..... 26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

Specify any physical deformities of child at birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 1:30 AM at Richland on the date above stated.
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
(Signed) M.B. Woodward, M.D.

Given name added from a supplemental report
(Date of)

or..... Midwife

Address
Filed Jan. 11, 1939 M.B. Woodward, M.D.
Registrar.

Registrar.