

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Charleston*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *St. Phillips*

St. Michaels

Inc. Town of

Registration District No. *909*

Registered No. *133*

(For use of Local Registrar)

City of *Ac. Furber & Co*

St.; Ward

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

(2) Full Name of Child *William L. Spruce*

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 *June 28 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *W. L. Spruce*

(9) PRESENT POSTOFFICE OF FATHER *Ac. Furber & Co*

(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY *40*
(Years)

(12) BIRTHPLACE *Washington Ct DC*

(13) OCCUPATION *Fire man*

(20) Number of children born to mother, including present birth *Six*

MOTHER.

(14) NAME BEFORE MARRIAGE *Van Swadell*

(15) PRESENT POSTOFFICE OF MOTHER *Ac. Furber & Co*

(16) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY *38*
(Years)

(18) BIRTHPLACE *Prince Ct DC*

(19) OCCUPATION *Home work*

(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* *9:30 a.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. L. Schenck*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician*

Given name added from a supplemental report

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

(27) Filed *Aug 3 1916* (28) *C. F. Myers* 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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FORM NO. 9. MARGEN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

File No.—For State Registrar Only
71843