

MARGIN RESERVED FOR INDEXING.

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.

City of Columbia.

## (1) PLACE OF BIRTH

County of *Berkeley*.....Township of *2<sup>nd</sup> St. Johns*....or  
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

48205

Registration District No. *703*.....Registered No. *14*.....  
(For use of Local Registrar)(2) Full Name of Child *Alice Rebecca Spann*... } 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 *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb 27*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *James Spann*(9) PRESENT POSTOFFICE OF FATHER *Monck's Corner SC*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *24* (Years)(12) BIRTHPLACE *Berkeley Co*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Olivia Brown*(15) PRESENT POSTOFFICE OF MOTHER *Monck's Corner SC*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *23* (Years)(18) BIRTHPLACE *Berkeley Co*(19) OCCUPATION *Farming*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born Alive* at *Monck's Corner SC* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) *4 A. M.*(23) (Signature) *Franklin S. Jones*(24) State whether Physician or Midwife Address of Physician or Midwife *Monck's Corner SC*

Given name added from a supplemental report

(25) Witness *F. E. Hamilton* (Signature of witness necessary only when question 23 is signed by mark)(27) Filed *Feb 5* 191*6* (28) *J. C. Lavin* 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.