

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 WAIT N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 N. E.—N. W. of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of **Spencer** STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

44637

Township of **Robertson**
 or
 Inc. Town of Registration District No. **4002B** Registered No. **114**
 or
 City of (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Marie Nell**

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 **11** (6) Are Parents Married? **ye** (7) DATE OF BIRTH **Dec. 2** **1914**
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Isabel Nell**
 (9) PRESENT POSTOFFICE OF FATHER **Spartanburg # 2**
 (10) COLOR OR RACE **white** (11) AGE AT LAST BIRTHDAY **43** (Years)
 (12) BIRTHPLACE **Spartanburg Co**
 (13) OCCUPATION **Farmer**

(20) Number of children born to mother, including present birth **11**

MOTHER.

(14) NAME BEFORE MARRIAGE **Corra Horton**
 (15) PRESENT POSTOFFICE OF MOTHER **Spartanburg # 2**
 (16) COLOR OR RACE **white** (17) AGE AT LAST BIRTHDAY **37** (Years)
 (18) BIRTHPLACE
 (19) OCCUPATION **Domestic**

(21) Number of children of this mother now living, including present birth **9**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was **alive** at **2** **0** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **M. E. Hall**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Spartanburg # 2**

Given name added from a supplemental report

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

(27) Filed **Jan 3** **1915** (28) **W. E. Parrott** 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.

Registrar

Local Registrar

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