

(1) PLACE OF BIRTH

County of *Douglas*

Township of

or
Inc. Town of *Hobbsville*

City of

(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
3865Registration District No. *15B*Registered No. *24*
(For use of Local Registrar)(2) Full Name of Child *Annie Helen Spence*

St. (Ward)

(1) BOY OR GIRL? *girl*(4) Twin or Triplet? ☒(5) Number in order of birth *1*(6) Are Parents Married? *yes*(7) DATE OF BIRTH *May 23 1912*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Angermin Lewis Spence*(9) PRESENT POSTOFFICE OF FATHER *Hobbsville S.C.*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *32*

(Years)

(12) BIRTHPLACE *Douglas Co*(13) OCCUPATION *Cottonmill Foreman*(14) Number of children born to mother, including present birth *1...5*

MOTHER

(14) NAME BEFORE MARRIAGE *Emma Lattie Wells*(15) PRESENT POSTOFFICE OF MOTHER *Hobbsville S.C.*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *30*

(Years)

(18) BIRTHPLACE *Douglas Co*(19) OCCUPATION *House*(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *7 15 a* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *M. D. Spence*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Hobbsville S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *July 22 1912*

(28)

M. J. McKee
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.