

(1) PLACE OF BIRTH

County of Charleston
 Township of Wadmalaw

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76157

Inc. Town of Registration District No. 9/3 Registered No. 48
 or
 or
 City of (No. 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 Virginian Speck { 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 yes Parents Married? (7) DATE BIRTH Sept. 29, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Speck
 (9) PRESENT POSTOFFICE OF FATHER Martin Pt. St.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 50
 (Years)
 (12) BIRTHPLACE Wadmalaw Island S.C.
 (13) OCCUPATION Farm Laborer
 (20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Capor
 (15) PRESENT POSTOFFICE OF MOTHER Martin Pt. St.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE Johns Island
 (19) OCCUPATION Farm Laborer
 (21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Frank Speck - Parent

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

Martin Pt. St.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness Miss W. S. Samsoushi
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 1, 1916 (28) J. S. Samsoushi Jr.
 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.

MARGIN 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 make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw of Columbia.