

MARGIN RESERVED FOR INDEXING.
 WHITE PLAIN. WITH ENVELOPE, IN-THIS IS A PERMANENT RECORD
 N. B.—In case of TWINS OR TRIPLETS use 2 SEPARATE DE CARDS, EACH WITH CHILD'S NAME IN QUESTION
 1—THIS CHILD, No. 2, etc. in question.

1) PLACE OF BIRTH
 County of Dalton
 Township of Wagon
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
3325

Registration District No. 502 Registered No. 19
 (For use of Local Registrar)

2) Full Name of Child Keeler Spencer
 (No. St.: Ward)
 If child is not yet named, make supplemental report as directed

3) DATE OF BIRTH Feb. 6, 1922
 (Name of Month) (Day) (Year)

FATHER
 4) FULL NAME Arthur Spencer
 5) PRESENT POSTOFFICE OF FATHER Ellmore
 6) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38 (Years)
 7) BIRTHPLACE Birmingham
 8) OCCUPATION Miner

MOTHER
 9) NAME BEFORE MARRIAGE Huggie Spencer
 10) PRESENT POSTOFFICE OF MOTHER Ellmore
 11) COLOR OR RACE Colored (12) AGE AT LAST BIRTHDAY 36 (Years)
 13) BIRTHPLACE Birmingham
 14) OCCUPATION House Wife

15) Number of children born to mother, including present birth 6
 16) 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 at 4 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Beila
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Ellmore

Given name added from a supplemental report
 (26) Witness Mrs. Smith
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed March 6, 1922 (28) W. H. Robin 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 stillbirth before the fifth month of pregnancy.