

THIS IS A PERMANENT RECORD.  
 N. H.—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 8.  
 McChaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Lancaster S.C.  
 Township of Cane Creek  
 OR  
 Inc. Town of .....  
 OR  
 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  
**64986**

Registration District No. 2801 Registered No. 68  
 (For use of Local Registrar)

(2) Full Name of Child Maggie Withers Spoon } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twin or Triplet</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 28 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Quitman Withers Spoon  
 (9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21  
 (12) BIRTHPLACE Lancaster S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mary Hood  
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20  
 (18) BIRTHPLACE Lancaster S.C.  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 3 o'clock P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Crawford  
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Lancaster S.C.

Given name added from a supplemental report  
 \_\_\_\_\_ 191\_\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed July 3 1916 (28) W. H. Draffin  
 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.