

MARGIN RESERVED FOR BINDING.

WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 5.

(1) PLACE OF BIRTH

County of Richmond

Township of .....

or  
Inc. Town of Arthur Town

or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Violet Spang

File No.—For State Registrar Only

36165

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3.82 Registered No. 200

(For use of Local Registrar)

(No. Spang St.: ..... Ward)

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 Parents Married? yes

(7) DATE OF BIRTH Oct 2 1900  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas F. Spang

(9) PRESENT POSTOFFICE OF FATHER Columbia

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36  
(Year)

(12) BIRTHPLACE Mo

(13) OCCUPATION Mechanic

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Hudson

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
(Year)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Domestic

(21) 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 above at 1 P.M. on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

see affd

(23) (Signature) D. J. Spang

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

2-20-43  
m. b. w.  
19  
Registrar

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

(27) Filed Oct 19 1900 (28) W. H. Spang 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.

before the fifth month of pregnancy.