

VISIBLELY, 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.  
 MORGAN OF COLUMBIA, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**83661**

County of Sumter  
 Township of Providence  
 or  
 Inc. Town of .....

Registration District No. H10.S. Registered No. 130  
 (For use of Local Registrar)

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** Thomas Spencer Jr. If child is not yet named, make supplemental report as directed

<b>(3) BOY OR GIRL?</b> <u>Boy</u>	<b>(4) Twin or Triplet?</b> To be answered only in event of Twins or Triplets	<b>(5) Number in order of birth</b>	<b>(6) Are Parents Married?</b> <u>Yes</u>	<b>(7) DATE OF BIRTH</b> <u>Oct 2, 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

**(8) FULL NAME** Thomas Spencer sr

**(9) PRESENT POSTOFFICE OF FATHER** Sumter S.C.

**(10) COLOR OR RACE** Colored **(11) AGE AT LAST BIRTHDAY** 44  
(Years)

**(12) BIRTHPLACE** S.C.

**(13) OCCUPATION** Farmer

**(20) Number of children born to mother, including present birth** 14

**MOTHER.**

**(14) NAME BEFORE MARRIAGE** Eliza Anderson

**(15) PRESENT POSTOFFICE OF MOTHER** Sumter S.C.

**(16) COLOR OR RACE** Colored **(17) AGE AT LAST BIRTHDAY** 36  
(Years)

**(18) BIRTHPLACE** 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** Alive **at** 7:20 **A. M.**  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

**(23) (Signature)** Eddie Mark Anderson

**(24) State whether Physician or Midwife** Midwife **(25) Address of Physician or Midwife** Salzell S.C.

**Given name added from a supplemental report**

**(26) Witness** Mrs. Eva Barrett  
 (Signature of Witness necessary only when question 23 is signed by mark)

**(27) Filled** 10-16 **19** 16 **(28)** B. McLaughlin  
 Registrar 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 ninth month of pregnancy.