

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Charleston
 or
 City, Town of.....
 or
 City of

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

No. — For State Register Only
5370

Registration District No. Registered No. 26
(For use of Local Registrar)

(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 Joseph Spenser If child is not yet named, make
(Supplemental report as directed)

(3) BOY OR
GIRL Boy (4) TWIN
OR TRIPLE - (5) Number In
Order of Birth
To be Enclosed with Report of Twins or Triplets

(6) AGE
OF
CHILD
MONTHS 1
WEEKS 1
(Name of Month) (Day) (Year)

FATHER.

(7) FULL
NAME John Spenser
(8) PRESENT
POSTOFFICE
OF FATHER Wilmington, N. C.
(9) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 23
(Years)
(12) BIRTHPLACE Wilmington
(13) OCCUPATION Labourer

MOTHER.

(14) NAME BEFORE
MARRIAGE Annie Henry
(15) PRESENT
POSTOFFICE
OF MOTHER A. S. D. W. 2 Rembert SC
(16) COLOR
OR
RACE Colored (17) AGE AT LAST
BIRTHDAY 21
(Years)
(18) BIRTHPLACE Rembert
(19) OCCUPATION Housewife

(20) Number of children born to
mother, including present birth 1 (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 at 11 A. M.
on the date above stated. C. W. Brown, M.D.
(Physician or stillborn) (Hour, M. or P. M.)

(23) (Signature) C. W. Brown, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife
Rembert

Given name added from a supplement-
tal report

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

19 (27) Filed 19 (28) 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.

Register
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