

*Mr. C. W. Culler*  
**CERTIFICATE OF BIRTH**

(1) PLACE OF BIRTH *Orangeburg*  
 County of *Orangeburg*  
 Township of *Orange*

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

File No.—For State Registrar Only  
**74266**

Inc. Town of ..... Registration District No. *28* Registered No. *136*  
 or  
 City of ..... (No. *3613*) ..... 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 *Russia Spigner* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan. 20, 1916*  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME *Hemuel Spigner*  
 (9) PRESENT POSTOFFICE OF FATHER *Orangeburg RT 4*  
 (10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *26* (Years)  
 (12) BIRTHPLACE *S.C.*  
 (13) OCCUPATION *Farmer*  
 (20) Number of children born to mother, including present birth { *2*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Henrietta Richardson*  
 (15) PRESENT POSTOFFICE OF MOTHER *Orangeburg RT 4*  
 (16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *22* (Years)  
 (18) BIRTHPLACE *St. Matthew S.C.*  
 (19) OCCUPATION *Farmer*  
 (21) Number of children of this mother now living, including present birth { *2*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *Born Alive* at *6 o'clock A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *midwife Mary Jenkins*  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Jamison S.C.*

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed *Aug 15 1916* (28) *A. G. Fairley* 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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.

McCaw, of Columbia.