

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 2.

(1) PLACE OF BIRTH

County of Aiken  
 Township of Silverthorn  
 Inc. Town of.....  
 City of.....

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

No. 31408—For State Registrar Only

Registration District No. 210 Registered No. 15  
 (For use of Local Registrar)

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

(2) Full Name of Child Spencer Quincy Brown (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Type or Tissue To be answered only in case of Twin or Multiple Births	(5) Number in order of birth <u>1</u>	(6) Are there twins? <u>No</u>	(7) DATE OF BIRTH <u>May 17 1909</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Spencer Lyndale Brown</u>			(14) NAME BEFORE MARRIAGE <u>Myrtle E. Brown</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Kathwood St</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Kathwood St</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>ac o o</u>		(18) BIRTHPLACE <u>Ga</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Landholder</u>		
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) W. C. Brumfield M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Columbia S.C.

Given name added from a supplemental report

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

(27) Filed Dec 10 23 (28) John Tyler 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.

S. A. F. E. T. Y. A. L. M.