

FORM NO. 1
 WHITE PLAINES. WITH FADING INK—THIS IS A PERMANENT RECORD.
 N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw, M. Caw, of Columbia
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Fairfield
 Township of 7
 OR
 Inc. Town of
 OR
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
64254

Registration District No. 1913 Registered No. 17
 (For use of Local Registrar)

(2) Full Name of Child Hattie Beat Spence If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 2, 1916</u> (None of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Tom Spence</u>	(14) NAME BEFORE MARRIAGE <u>Hattie Spence</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Hampton 970 S</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hampton 970 S</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>48</u> (Years)	(16) COLOR OR RACE <u>Neg.</u>	(17) AGE AT LAST BIRTHDAY <u>45</u> (Years)	
(12) BIRTHPLACE <u>Fairfield Co. S.C.</u>	(18) BIRTHPLACE <u>Fairfield Co. S.C.</u>			
(13) OCCUPATION <u>Farm Land</u>	(19) OCCUPATION <u>Farm Land</u>			
(20) Number of children born to mother, including present birth <u>14</u>	(21) Number of children of this mother now living, including present birth <u>10</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) M. G. McCallister
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hampton 970 S

Given name added from a supplemental report 191...
 (26) Witness (Signature of Witness necessary only when question 25 is signed by mark)
 (27) Filed Jan 10, 1916 (28) T. M. McCallister 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.

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