

FORM NO. 1  
WH  
N. 1  
McCAW, N. C. & W. of Columbia  
MARGIN RESERVED FOR INDEXING.  
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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Fairfield  
Township of 17  
OR  
Inc. Town of .....  
OR  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 1913 Registered No. 17  
(For use of Local Registrar)

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

File No.—For state register only  
**64254**

(2) Full Name of Child Hattie Beat Spencer 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</u> 19 <u>16</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Sam Spencer</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Spencer</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hampton 970</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hampton 970</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Neg.</u>	
(11) AGE AT LAST BIRTHDAY <u>48</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>45</u> (Years)	
(12) BIRTHPLACE <u>Fairfield Co. SC</u>			(18) BIRTHPLACE <u>Fairfield Co. SC</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) Georgeanna S. McCullough  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report ..... 191....  
.....  
Registrar  
(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 10 1916 (28) T. M. McManis 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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