

MAILED 11-11-1916

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.

Law of Columbia

(1) PLACE OF BIRTH
 County of Marlboro
 Township of Red Hill
 Inc. Town of
 City of
 (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
46903

(2) Full Name of Child Julia Roberta Spiller 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 38 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 29 1916
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Robert Spiller</u>		(14) NAME BEFORE MARRIAGE	<u>Julia Wilkes</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Leahurst, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Leahurst</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)		(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE	<u>Marlboro</u>		(18) BIRTHPLACE	<u>Marlboro</u>	
(13) OCCUPATION	<u>Clark</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth	<u>2</u>		(21) Number of children of this mother now living, including present birth	<u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was about 9.30 a at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. W. Spiller, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 29 1916 (28) R. Spiller 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.