

(1) PLACE OF BIRTH

County of Lexington
 Township of State Springs
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

7722

Registration District No. #3110 Registered No. 6
 (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 June Vasti Shaspe (If name is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet L (5) Number in order of birth L (6) Are Parents Married Yes (7) DATE OF BIRTH Mar 10 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Milton Shaspe(9) PRESENT POSTOFFICE OF FATHER Gaston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 60 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Olivia May Martin(15) PRESENT POSTOFFICE OF MOTHER Gaston S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:20 AM. on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) Dr. A. J. Hutto Physician S.C.
 (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 Mar 16 1923 (28) Dr. J. J. Feller 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.