

(1) PLACE OF BIRTH

County of Marion

Township of

or
Inc. Town of Mullinsor
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

43615

Registration District No. 3113Registered No. 70

(For use of Local Registrar)

(2) Full Name of Child Spencer Buzz Staley, Jr.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 6, 1922</u> (Name of Month) (Day) (Year)
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FATHER

(3) FULL NAME Spencer Buzz Staley(9) PRESENT POSTOFFICE OF FATHER Mullins, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Marion Co(13) OCCUPATION None(20) Number of children born to mother, including present birth: 1

MOTHER

(14) NAME BEFORE MARRIAGE Annie Geneva Lewis(15) PRESENT POSTOFFICE OF MOTHER Mullins S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Marion Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) F. R. Morton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Mullins S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Local Registrar

(28)

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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