

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

- STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

71792

Registration District No. 901

Registered No. 28

(For use of Local Registrar)

(No. St.; Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Mary Jane Span

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

Isaac Span

(14) NAME BEFORE MARRIAGE

Elena Bodrich

(9) PRESENT POSTOFFICE OF FATHER

Mt Pleasant, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Mt Pleasant, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

24 (Years)

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

20 (Years)

(12) BIRTHPLACE

Charleston, Co.

(18) BIRTHPLACE

Charleston Co.

(13) OCCUPATION

Labourer

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

3

(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 alive at (Born alive or stillborn) at (Hour A.M. or P.M.) on the date above stated.

(23) (Signature)

Hagen Bodrich

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mt Pleasant, S.C.

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

Aug. 11, 1916

(28)

H. L. Lunder 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.