

## (1) PLACE OF BIRTH

County of Columbia

Township of .....

or Inc. Town of .....

or City of Columbia

(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

91459

Registration District No. 28-A Registered No. 363  
(For use of Local Registrar)(No. Columbia Hospital 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 Margarette Spencer Stark ... } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? One (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 9 1914  
(Name of Month) (Day) (Year)  
To be answered only in case of Twins or Triplets

## FATHER.

(8) FULL NAME Fritz Stark  
(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Printer  
(14) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Spencer  
(15) PRESENT POSTOFFICE OF MOTHER Columbia  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at 3 A. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) R. A. Lancaster  
(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 1914 (28) William A. Spence 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.