

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Cherokee  
 Township of Draftonville  
 or  
 Inc. Town of Rt # 5  
 or  
 City of .....

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

File No.—For State Registrar Only  
71902

Registration District No. 1001 Registered No. 61  
 (For use of Local Registrar)

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

(2) Full Name of Child

Wynne Mae Spencer  
 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 8 20 16  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Russ. Spencer  
 (9) PRESENT POSTOFFICE OF FATHER Haffney St. Rt 5  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 48  
 (12) BIRTHPLACE Union Co., S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Alb. Pennington  
 (15) PRESENT POSTOFFICE OF MOTHER Haffney St Rt 5  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 43  
 (18) BIRTHPLACE Union Co., S.C.  
 (19) OCCUPATION Housekeeper  
 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Franklin M. M. M.  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rt 5

Given name added from a supplemental report

(26) Witness A. H. M. M.  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 6 1916 (28) C. C. Green  
 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.