

(1) PLACE OF BIRTH

County of Beaufort

Township of Mayeville

Inc. Town of Mayeville

City of Mayeville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

66394

Registration District No. 4102 Registered No. 69

(For use of Local Registrar)

St. 7 Ward

(No. 7) If child is not yet named, make supplemental report as directed

2. Full Name of Child James Wilson Spencer

3. SEX OR MALE (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 18, 1901 (Name of Month (Day) (Year))

FATHER.

8. FULL NAME Elisha Father Spencer

9. PRESENT POSTOFFICE OF FATHER Mayeville S.C.

10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

12. BIRTHPLACE Mayeville S.C.

13. OCCUPATION Post Cashier

14. Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE Emma Elizabeth Hollier

(15) PRESENT POSTOFFICE OF MOTHER Mayeville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 2:00 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Mayeville S.C.

Given name added from a supplemental report

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

(27) Filed June 16, 1901 (28) W. H. [Signature] 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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