

Form No. 1.

(1) PLACE OF BIRTH

County of Beaufort
Township of St. Helena

or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

Registration District No. 604 Registered No. 37
(For use of Local Registrar)

City of (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 St. Elmo Spring If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 24 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank J. Spring
(9) PRESENT POSTOFFICE OF FATHER Beaufort
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Pa.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Spitzer
(15) PRESENT POSTOFFICE OF MOTHER Beaufort
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Pa.
(19) OCCUPATION Housewife
(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 at
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Miller
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Beaufort

Given name added from a supplemental report

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

(27) Filed 1916 (28) W. H. Miller 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.

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.
McCaw, of Columbia