

Delayed No.

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

File No.—For State Registrar Only
39328

(1) PLACE OF BIRTH
County of Cherokee
Township of Morgan
or
Inc. Town of
or
City of

Registration District No. 10049 Registered No. 79
(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 W. H. Spencer If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 27, 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm. H. Spencer</u>			(14) NAME BEFORE MARRIAGE <u>Lola Maguire</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Stafford, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Stafford, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

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) Ray D. Manning

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Stafford, 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 Jan 11, 1924 (28) Lolla Maguire 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.