Form No 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
54129

(1) PLACE OF BIRTH
County of York
Township of .....
or
Inc. Town of .....
or
City of Rock Hill
Registration District No. 41B Registered No. 58
(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 Sarah Thomson Spencer { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	May 28 1926

FATHER.

(8) FULL NAME Samuel Reid Spencer
(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Insurance Solicitor
(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Thompson
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE S.C.
(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 born alive at 10 1/2 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. R. Mills
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/29 1926. (28) J. R. Mills
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.

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.