

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.
 McGRAW HILL, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Barnwell
 Township of allendale
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
88414

Registration District No. 500 Registered No. 164
 (For use of Local Registrar)

(2) Full Name of Child Millie Spann (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 16</u> , 19 <u>16</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Robbie Spann</u>		(14) NAME BEFORE MARRIAGE <u>Margaret Lee</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>allendale S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>allendale S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farm Laborer</u>		(19) OCCUPATION <u>Farm Laborer</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Boyd
(24) State whether Physician or Midwife Midwife **(25)** Address of Physician or Midwife allendale S.C.

Given name added from a supplemental report
(26) Witness F. H. Boyd (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 20, 1916. **(28)** F. H. Boyd M.D. 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.