

## (1) PLACE OF BIRTH

County of Lee  
Township of Bishopville

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

86416

Inc. Town of ..... Registration District No. 3000 Registered No. 122  
(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 Fred Sprick { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 24 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Larry Sprick(9) PRESENT POSTOFFICE OF FATHER Bishopville(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Wright(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Lee Co(19) OCCUPATION Home Duties(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 ..... at ..... 11 ..... A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bishopville S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness Mr. J. L. Laney  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 11, 1916 (28) Mr. J. L. Laney 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.