

(1) PLACE OF BIRTH

County of Flourier
 Township of McMillan
 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

42428

Registration District No. 201 Registered No.
 (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 Annin Leitha Spear { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 26, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mattie Spear
 (9) PRESENT POSTOFFICE OF FATHER Claussen
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36
 (Years) (12) BIRTHPLACE SE
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Thomas
 (15) PRESENT POSTOFFICE OF MOTHER Claussen
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27
 (Years) (18) BIRTHPLACE SE
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was above at 9 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Cannon(24) State whether Physician or Midwife mid(25) Address of Physician or Midwife Claussen

Given name added from a supplement-
 tal report

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

(27) Filed Dec 2, 1922 (28) W. H. Howell
 Registrar 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.