

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Providence
 or
 Inc. Town of
 of
 City of

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

File No. - For State Registrar Only
22722

Registration District No. 4195 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 James Spam If child is not yet named, make supplemental report as directed

3 SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH July 13, 1923
 To be answered only in event of Twin or Triplet

FATHER. MOTHER.

8 FULL NAME Thomas Enoy (14) NAME BEFORE MARRIAGE Pauline Spam

9 PRESENT POSTOFFICE OF FATHER Dalzell S.C. (15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.

10 COLOR OR RACE Cue (11) AGE AT LAST BIRTHDAY 32 (12) COLOR OR RACE Cue (13) AGE AT LAST BIRTHDAY 20
 (Years) (Years)

14 BIRTHPLACE S.C. (16) BIRTHPLACE S.C.

15 OCCUPATION Farmer (17) OCCUPATION at home

18 Number of children born to mother, including present birth 12 (19) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Effie Anderson (24) Address of Physician or Midwife Dalzell S.C.

(25) State whether Physician or Midwife Midwife (26) Signature of Witness necessary only when question 23 is signed by mark Mrs Eva Burkett

Given name added from a supplemental report

(27) Witness J. B. Raffield Local Registrar

(28) Filed July 27th 1923 (29) J. B. Raffield 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