CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
50617

(1) PLACE OF BIRTH
County of Statesburg
Township of Sumter
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.)

Registration District No. 409 Registered No. 11 (For use of Local Registrar)

(2) Full Name of Child William Spencer .. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy
(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Jan. 31, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Spencer
(9) PRESENT POSTOFFICE OF FATHER Claremont S.C.
(10) COLOR OR RACE negro
(11) AGE AT LAST BIRTHDAY about 40 (Years)
(12) BIRTHPLACE Sumter Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lucinda Williams
(15) PRESENT POSTOFFICE OF MOTHER Claremont
(16) COLOR OR RACE negro
(17) AGE AT LAST BIRTHDAY about 40 (Years)
(18) BIRTHPLACE Sumter Co
(19) OCCUPATION Farm laborer
(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Marguerite Spann
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Claremont

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

(26) Witness (Miss) Cloice Sanders (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Mar. 13 1916 (28) Benj Sanders 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.

Form No. 10.
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.