

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.

MOHAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Georgetown
Township of # 2
or
Inc. Town of
or
City of
(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

The No.—For State Registrar Only
30287

Registration District No. 2101 Registered No. 46
(For use of Local Registrar)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) ☒ BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 3 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Henry Spool
(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.
(10) COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY 22 (Year)
(12) BIRTHPLACE Berkely Co. S.C.
(13) OCCUPATION Public work
(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Elizabeth Holmes
(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.
(16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 17 (Year)
(18) BIRTHPLACE Spartan S.C.
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was stillborn at 11 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Spool
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Georgetown S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) When Sept 3 1922 (28) A. J. Tilton 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.