

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Register Only

154

Registration District No. 2.D.

Registered No. 57

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Not named

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

3) SEX OF CHILD <u>Male</u>	4) Twin or Triplet To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>Jan 3 1938</u>
FATHER.			MOTHER.	
8) FULL NAME <u>J. J. Spearman</u>	10) NAME BEFORE MARRIAGE <u>Dora Jones</u>			
9) PRESENT RESIDENCE OF FATHER <u>Piedmont</u>	10) PRESENT RESIDENCE OF MOTHER <u>Piedmont</u>			
11) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>39</u>	12) BIRTHPLACE <u>S.C.</u>	13) COLOR OR RACE <u>White</u>	13) AGE AT LAST BIRTHDAY <u>40</u>
14) OCCUPATION <u>Farmer</u>	14) OCCUPATION <u>Domestic</u>			
15) Number of children born to mother, including present birth <u>10</u>	15) Number of children of this mother now living, including present birth <u>8</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6:00 P. on the date above stated. (Specify alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Piedmont

Given name added from a supplemental report

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

(27) Date Jan 10 1938 (28) Local Registrar [Signature]

*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.

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