

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the  
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.

(1) PLACE OF BIRTH

County of Berkland

Township of .....

or Inc. Town of .....

City of Columbia

(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

File No.—For State Registrar Only  
**31882**

Registration District No. ....

Registered No. ....  
(For use of Local Registrar)

(No. R. F. D. 4 ..... St.; ..... Ward)

(2) Full Name of Child Charles Lindus Spigener

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

(3) BOY OR GIRL Boy (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 Wm. Paul Spigener (14) NAME BEFORE MARRIAGE Rachel Cally Gooden

(9) PRESENT POSTOFFICE OF FATHER R. F. D. 4 (15) PRESENT POSTOFFICE OF MOTHER R. F. D. 4

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 56 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
(Years) (Years)

(12) BIRTHPLACE S. C. (18) BIRTHPLACE Penn.

(13) OCCUPATION Salt Production Office (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dean L. B. ... (24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Columbia

Given name added from a supplemental report

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

(27) Filed Sept. 15, 1922 (28) 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.

before the fifth month of pregnancy.

OFFICE OF COLUMBIA, S. C.