

(1) PLACE OF BIRTH

County of Edgefield
 Township of Shad

or
 Inc. Town of

City of (No. St.; Ward)
 (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

52049

Registration District No. 1810 Registered No. 8
 (For use of Local Registrar)

(2) Full Name of Child Moses Spivey 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 11 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Moses Spivey

(9) PRESENT POSTOFFICE OF FATHER Trenton

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Edgefield Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ara Johnson

(15) PRESENT POSTOFFICE OF MOTHER Trenton SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Edgefield Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. H. Spivey

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Medicine Trenton SC

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness W. H. Spivey
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2/13 1916 (28) W. H. Spivey 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.

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.

McCall, of Columbia