

(1) PLACE OF BIRTH
 County of Spaulding
 Township of Heck Spring
 Inc. Town of
 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

Registration District No. 1001B
 Registered No. 45
 (For use of Local Registrar)

20237

(2) Full Name of Child Geo George Candler If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy
 (4) Twin or Triplet No
 (5) Number in order of birth 1
 (6) Age Yes
 (7) DATE OF BIRTH July 16, 1923
 (8) MONTH July
 (9) DAY 16
 (10) YEAR 1923

FATHER.

(11) FULL NAME Amos Candler
 (12) PRESENT POSTOFFICE OF FATHER Jucasau DC
 (13) COLOR OR RACE W
 (14) AGE AT LAST BIRTHDAY 26
 (15) BIRTHPLACE NC
 (16) OCCUPATION mechanic
 (17) Number of children born to mother, including present birth Four

MOTHER.

(18) NAME BEFORE MARRIAGE Zina Davidson
 (19) PRESENT POSTOFFICE OF MOTHER Jucasau DC
 (20) COLOR OR RACE W
 (21) AGE AT LAST BIRTHDAY 28
 (22) BIRTHPLACE NC
 (23) OCCUPATION Housewife
 (24) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was.... alive.... at.... 10 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(26) (Signature) S. B. Moore
 (27) State whether Physician or Midwife Physician
 (28) Address of Physician or Midwife Jucasau DC

Given name added from a supplementary report

(29) Witness
 (Signature of witness necessary only when question 29 is asked. Mark)

(30) State Chas. L. Moore