

(1) PLACE OF BIRTH

County of Mauldin

Township of .....

or  
Inc. Town of .....City of Burnettsville

(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

39376

Registration District No. 33ARegistered No. 106  
(For use of Local Registrar)(No. Mauldin, S.C.; Ward)

(2) Full Name of Child

Edith Kasele Spears

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH 11/2/22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Reuben Spears

(9) PRESENT POSTOFFICE OF FATHER

Burnettsville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23  
(Years)

(12) BIRTHPLACE

Mauldin County

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Myrtle Jones

(15) PRESENT POSTOFFICE OF MOTHER

Burnettsville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) BIRTHPLACE

Mauldin County

(19) OCCUPATION

Housewife

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

2

(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 10:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

[Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 5 1922(28) Thos H. Peto 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.

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