

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Chesterfield STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Peck Dee State Board of Health

File No. — For State Registrar Only
80905

Inc. Town of or Registration District No. 1208 Registered No. 16
 (For use of Local Registrar)
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Speas { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are <u>Yes</u> Parents Married?	(7) DATE OF BIRTH <u>June, 31, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>R. C. Speas</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Freeman</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Society Hill SC.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Society Hill SC.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>North Carolina</u>			(18) BIRTHPLACE <u>Chesterfield Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Four</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Hattie Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Society Hill

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 2 1916, (28) D. S. Matheson 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 McCaw, of Columbia.