

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

File No.—For State Registrar Only

80905

Registration District No. 1208

Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child

Mary Speas

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

(3) SEX OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

R. C. Speas

(9) PRESENT POSTOFFICE OF FATHER

Society Hill SC.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

35

(12) BIRTHPLACE

North Carolina

(13) OCCUPATION

Farmer

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

Four

MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Freeman

(15) PRESENT POSTOFFICE OF MOTHER

Society Hill SC.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

32

(18) BIRTHPLACE

Chesterfield Co

(19) OCCUPATION

Housewife

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

Four

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 Freeman

(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.