Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
40666

(1) PLACE OF BIRTH

County of Aiken

Township of Langley
or
Inc. Town of .....
or
City of Near Langley (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. V.17.a Registered No. 17
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? —

(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec 27, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Robt Spires	(14) NAME BEFORE MARRIAGE Ossie Teedie
(9) PRESENT POSTOFFICE OF FATHER Warrenville S6 R1	(15) PRESENT POSTOFFICE OF MOTHER Warrenville S6 R1
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Aiken Co S6	(18) BIRTHPLACE Barnwell S6
(13) OCCUPATION Farmer	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.45 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Hariet + Edwards M.W

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Langley S6

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

..... 19 .... Registrar

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

(27) Filed Jan 4 1923 (28) L. W. Spradley 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-Columbia, S. C.