

(1) PLACE OF BIRTH

County of Richmond

Township of

or
Inc. Town ofor
City of Clinton

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

(2) Full Name of Child Billy Spigner(3) BOY
OR
GIRL?(4) Twin
or
Triplet?(5) Number in
order of birth 1(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH June 22 19 16
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

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) J. J. Watson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 10/1219 16

(28)

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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

78841

Registration District No. 292Registered No. 780
(For use of Local Registrar)(No. Clinton Hospital St.; Ward)(If child is not yet named, make
supplemental report as directed)

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