

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64790

(1) PLACE OF BIRTH

County of HorryTownship of Corry

Inc. Town of _____

City of _____

Registration District No. 2002 Registered No. 80

(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH June 17 1916

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

FATHER.

(8) FULL NAME Neil Spain(9) PRESENT POSTOFFICE OF FATHER Corry(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Horry(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Leila Conner(15) PRESENT POSTOFFICE OF MOTHER Corry(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Horry Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Hannah Bellamy(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Midwife Corry

Given name added from a supplemental report

(26) Witness _____

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

(27) Filed June 22 1916 (28) J. L. Dwyer 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.

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.