

(1) PLACE OF BIRTH

County of Livingston
 Township of Flat Spring
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

4500

Registration District No. 915 Registered No. 20
 (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 Salie Spiers

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

1. SEX OR CHILD girl 2. Date of Birth Feb. 28 1920
 To be recorded only in event of Twins or Triplets

3. Are Parents Married? yes

DATE OF BIRTH Feb. 28 1920
 (Name of Month) (Day) (Year)

FATHER.

4. FULL NAME John Spiers

5. PRESENT POSTOFFICE OF FATHER New Brookland

6. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 34

12. BIRTHPLACE Livingston

13. OCCUPATION Farmer

14. Number of children born to mother, including present birth 6

MOTHER.

14. NAME BEFORE MARRIAGE Francis Craft

15. PRESENT POSTOFFICE OF MOTHER New Brookland

16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 36

18. BIRTHPLACE Livingston

19. OCCUPATION Farmer

20. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 10 M.,
 on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(22) (Signature) Salie Spiers
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife

New Brookland
B. 21st St.

Signature of Witness necessary only
 when question 22 is signed by mother

23 (20) Salie Spiers

When there was no physician or midwife present, the certificate must be signed by the mother.
 If a child is born stillborn, the certificate must be signed by the mother.