

(1) PLACE OF BIRTH

County of Richland
 Township of Bluffton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar only

18961

Registration District No. 3800Registered No. 77
(For use of Local Registrar)

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

(2) Full Name of Child Vergna L. Spary If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD girl (4) Type or Triplet Single (5) Number in order of birth 1 (6) AGE 1 year (7) DATE OF BIRTH June 17, 1923
 (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Spary
 (9) PRESENT RESIDENCE OF FATHER College Place
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25
 (Year)
 (12) BIRTHPLACE Richland Co
 (13) OCCUPATION Wage hand
 (14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Josephine James
 (16) PRESENT RESIDENCE OF MOTHER College Place
 (17) COLOR OR RACE Col (18) AGE AT LAST BIRTHDAY 23
 (Year)
 (19) BIRTHPLACE Richland Co
 (20) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie Bonluare

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife College Place

(Given name added from a supplemental report)

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

(27) Date June 20, 1923 (28) W. A. M. Chan 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.