

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90125

Registration District No.

Registered No.

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

12. 19. 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Spencer

(9) PRESENT POSTOFFICE OF FATHER

Greenville SC
Pae wile No 63

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

35-
(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Wile operator

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucy May Poore

(15) PRESENT POSTOFFICE OF MOTHER

Greenville SC
63 Pae wile

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

29
(Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 6:45 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Greenville, S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed

191.....

(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.

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