

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce  
Bureau of the Census

23 048081

FI Only

01375

Standard Certificate of Birth

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 4/09

1. PLACE OF BIRTH  
County of Sumter  
Township of  
or  
In Town of  
or  
City of Horatio  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registered No. (For use of Local Registrar)

2. FULL NAME OF CHILD Lucille Spencer  
(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Girl  
4. Twins, triplets or other  
5. Number, in order of birth  
6. Premature  
7. Are Parents Married? Yes  
8. Date of Birth Aug 10 1923  
(Month, day, year)

9. Full name FATHER Luther Spencer  
10. Residence (mailing address) (If non-resident, give place and State) Horatio, S.C.  
11. Color or race negro  
12. Age at child's birth 3 1/2 (years)  
13. Birthplace (city or place) (State or country) Horatio, S.C. Sumter

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Farm  
16. Date (month and year) last engaged in this work now  
17. Total time (years) spent in this work life

18. Name before marriage MOTHER Bessie Weathers  
19. Residence (mailing address) (If non-resident, give place and State) Horatio, S.C.  
20. Color or race negro  
21. Age at child's birth 19 (years)  
22. Birthplace (city or place) (State or country) Horatio, S.C. Sumter

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home  
25. Date (month and year) last engaged in this work now  
26. Total time (years) spent in this work life

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months weeks 29. Cause of stillbirth

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report.....  
(Date of)

(Signed) + Bessie Spencer +, Parent or....., Guardian

Address.....

Filed July 8, 1943 L. A. Riser, M. D. Registrar.

Registrar.

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