

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

1. PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town of

or
City of Noratio

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4/09

23 048081

FI

Only

01375

Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD

Luella 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 Yes 8. Date of Birth Aug 10 1943
(Month, day, year)

9. Full name Luther Spencer FATHER

18. Name before marriage Bessie Weathers MOTHER

10. Residence (mailing address) Noratio, SC
(If non-resident, give place and State)

19. Residence (mailing address) Noratio, SC
(If non-resident, give place and State)

11. Color or race negro 12. Age at child's birth 3 1/2 (years)

20. Color or race negro 21. Age at child's birth 19 (years)

13. Birthplace (city or place) Noratio, SC
(State or country) Sumter

22. Birthplace (city or place) Noratio, SC
(State or country) Sumter

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

16. Date (month and year) last engaged in this work now 19.....

25. Date (month and year) last engaged in this work now 19.....

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, name of period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

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)

Registrar.

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

Address.....

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

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.)

7-2-43

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