

THIS IS A PRELIMINARY RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 8.

(1) PLACE OF BIRTH

County of Sumter  
Township of Providence  
OR  
Inc. Town of .....  
OR  
City of .....

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

File No.—For State Registrar Only  
**5895**

Registration District No. 4195 Registered No. 12  
(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 Louise Spaul

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 31 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jimmie Grant  
(9) PRESENT POSTOFFICE OF FATHER Sumter Co. Charleston  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION County convict  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Spaul  
(15) PRESENT POSTOFFICE OF MOTHER Dalzell S. C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION at Home  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated. (Born alive or stillborn) (After A. M. or P. M.)

(23) (Signature) Sarah Ann Mitchem  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dalzell S. C.

Given name added from a supplemental report

(26) Witness Mrs. Emma Brundette  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 6th 1922 J. B. P. office  
Registrar 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.