

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Williamsburg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Indian State Board of Health

File No.—For State Registrar Only

87777

or
 Inc. Town of Registration District No. 4303 Registered No. 76
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph Philippe Spring 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? yes (7) DATE OF BIRTH no 22 1914
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. B. Spring
 (9) PRESENT POSTOFFICE OF FATHER Vox
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Liddie Janna
 (15) PRESENT POSTOFFICE OF MOTHER Vox
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (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 alive at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary H. Hannon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness

J. B. Spring
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 8 1914 (28) C. C. Daniel
 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.