

(1) PLACE OF BIRTH

County of *Sevier*
 Township of *Shelburne*
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St. _____ Ward _____)
 (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
58790

Registration District No. *603* Registered No. *41*
 (For use of Local Registrar)

(2) Full Name of Child *Carolina Spicer* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth _____ (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *May 1 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Jack Spicer*
 (9) PRESENT POSTOFFICE OF FATHER *Hamasel DC*
 (10) COLOR OR RACE *W. sp.* (11) AGE AT LAST BIRTHDAY *21* (Years)
 (12) BIRTHPLACE *Hamasel DC*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *1*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Essie White*
 (15) PRESENT POSTOFFICE OF MOTHER *Hamasel DC*
 (16) COLOR OR RACE *W. sp.* (17) AGE AT LAST BIRTHDAY *23* (Years)
 (18) BIRTHPLACE *Collinston Co.*
 (19) OCCUPATION *House wife*
 (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 *9* *A.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Carroll W. White*
 (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Hamasel DC*

Given name added from a supplemental report _____ 191_____
 _____ 191_____
 Registrar

(26) Witness *Ron W. [Signature]*
 (Signature of witness necessary only when question 23 is signed by mark)
 (27) Filed *May 2 1916* (28) *A. [Signature]* Local Registrar

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 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1.
 McCaw of Columbia

*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.