

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. THIS OTHER, No. 2, etc., in question 8.

Cav. of Columbia

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48670

Registration District No. 1313

Registered No.

4

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

Katherine Moulley Spott

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 Father Married?

Yes

(7) DATE BIRTH

Jan 28

1906

(Name of Month) (Day) (Year)

(8) FULL NAME

Joseph S. Spott

(9) PRESENT POSTOFFICE OF FATHER

Jordan S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

Six

(14) NAME—PERSON MARRIED

MOTHER

Beane Beal Hase

(15) PRESENT POSTOFFICE OF MOTHER

Jordan S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Hus

(21) Number of children of this mother now living, including present birth

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at on the date above stated.

(23) (Signature)

J. W. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Jordan S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Feb 1

1906

(28) Local Registrar

J. W. H. H.

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.

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