Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 32450

County of Sumter

Township of privateer
or
Inc. Town of
or
City of

Registration District No. 4104 Registered No. 111 (For use of Local Registrar)

(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 Richard Spigner (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	Twins	I	yes	Sept. 4-1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME: Nathan Spigner	(14) NAME BEFORE MARRIAGE: Minnie Reese
(9) PRESENT POSTOFFICE OF FATHER: Sumter S.C.	(15) PRESENT POSTOFFICE OF MOTHER: Sumter, S.C.
(10) COLOR OR RACE: Colored (11) AGE AT LAST BIRTHDAY: 42 (Years)	(16) COLOR OR RACE: Colored (17) AGE AT LAST BIRTHDAY: 36 (Years)
(12) BIRTHPLACE: Richland County, S.C.	(18) BIRTHPLACE: Sumter County, S.C.
(13) OCCUPATION: Farming	(19) OCCUPATION: House and Field Work.
(20) Number of children born to mother, including present birth: Ten	(21) Number of children of this mother now living, including present birth: Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Ruth [illegible]

(24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife: Sumter, S.C.

Given name added from a supplemental report

..... 19 .... Registrar

(26) Witness Nathan Spigner (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9-13-1922. 19 .... (28) [illegible] 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.

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 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.