

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of 1or  
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

16936

Registration District No. .... Registered No. 92

(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 John Henry Spaul If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>May 31, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Illegitimate

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Stella Davis(15) PRESENT POSTOFFICE OF MOTHER Orange S C

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE So. Car.(19) OCCUPATION at home

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Paul Walker

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

Given name added from a supplemental report

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

(27) Filed (28) Paul Walker 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.

SAFELY PRESERVE FOR FILING. WHEN PLACED IN A PERMANENT RECORD, THIS FORM IS TO BE USED IN A SIGNATURE BLANK FOR EACH CHILD, AND MARK THE CASE OF TWIN OR TRIPLET. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECORD OF COLUMBIA, COLUMBIA, S. C.