

(1) PLACE OF BIRTH

County of AndersonTownship of Barren

Inc. Town of

City of

(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

16714

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

(2) Full Name of Child

Thelma

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 Jan. 16, 1923
(Month of Month) (Day) (Year)

FATHER

(8) FULL NAME Henry Spearman(9) PRESENT POSTOFFICE OF FATHER Williamsville A. I.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Birdie Owens(15) PRESENT POSTOFFICE OF MOTHER Williamsville A. I.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE SC(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 6 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. E. R. R.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Liberty St. A. I.

Given name added from a supplemental report

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

(27) Filed (28) 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.

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FIRST-BOOK, No. 1. THE OTHER, No. 2, etc. in question 3.
BUREAU OF COLUMBIA, COLUMBIA, S. C.