

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Privateeror
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.)(2) Full Name of Child Robert Spigner

File No.—For State Registrar Only

32449Registration District N4104Registered No. 110
(For use of Local Registrar)(3) BOY OR
GIRL Boy(4) Twin
or Triplet Twin(5) Number in
order of birth 2(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Sept. 4-1922.
(Name of Month) (Day) (Year)(8) FULL NAME
FATHER Nathan Spigner(9) PRESENT
POSTOFFICE
OF FATHER Sumter, S.C.(10) COLOR
OR
RACE Colored(11) AGE AT LAST
BIRTHDAY 42
(Years)

(12) BIRTHPLACE

Bluchland County, S.C.

(13) OCCUPATION

Farming(20) Number of children born to
mother, including present birthTen(14) NAME BEFORE
MARRIAGE
MOTHER Ninnie Reese(15) PRESENT
POSTOFFICE
OF MOTHER Sumter S.C.(16) COLOR
OR
RACE Colored(17) AGE AT LAST
BIRTHDAY 36
(Years)

(18) BIRTHPLACE

Sumter County, S.C.

(19) OCCUPATION

House and Field Work.(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..... at LAN. M.
on the date above stated. (If alive at stillborn) (Hour, M., or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Midwife (Address of Physician or Midwife)
Sumter, S.C.Given name added from a supplement
report(26) Witness [Signature]
(Signature of witness necessary only
when question 23 is signed by mark)S-13-1922.(27) Filed 19..... (28) [Signature]
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.

MACAM OF COLUMBIA, COLUMBIA, S. C.