CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
66402

(1) PLACE OF BIRTH

County of Sumter

Township of Middleton

or

Inc. Town of ..... Registration District No. 4108 Registered No. 39 (For use of Local Reistrar)

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 Sarah Spann } If child is not yet named, make supplemental report as directed

(3) ~~SOX~~ OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH June (Name of Month) 15 (Day) 1916 (Year)
	To be answered only in event of Twins or Triplets			

FATHER.

(8) FULL NAME Richard Spann

(9) PRESENT POSTOFFICE OF FATHER Wedgefield

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } 1

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Olden

(15) PRESENT POSTOFFICE OF MOTHER Wedgefield

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth } 1

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 7 a (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) Mary Spann

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Wedgefield SC

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed June 9 1916 (28) M L Parker 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.

fifth month of pregnancy.

Form No. 10. WRITE PLAINLY, WITH INDIANA 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