

MARGIN RESERVED FOR BINDING
WHITE PLAIN, WITH SUPPLEMENTAL REPORTS—THIS IS A PERMANENT RECORD.
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 4.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Belmont</u>		STATE OF SOUTH CAROLINA		690	
Township of <u>Summerville</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>1403</u>		Registered No. <u>13</u>	
(No.) (St.) (Ward)				(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Sam. Spencer Jr.</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Age of Parent <u>20</u>	(7) DATE OF BIRTH <u>Jan 22 22</u> Month Day Year	
FATHER.			MOTHER.		
(8) FULL NAME <u>Sam. Spencer Sr.</u>	(14) NAME BEFORE MARRIAGE <u>Janie Spencer</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney, S.C. R#6</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney, S.C. R#6</u>				
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)		
(12) BIRTHPLACE <u>Sparksburg, S.C.</u>	(18) BIRTHPLACE <u>Cherokee Co. S.C.</u>				
(13) OCCUPATION <u>Septic Oper</u>	(19) OCCUPATION <u>H. wife</u>				
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was at <u>7:25 P.M.</u> on the date above stated. (Born alive <u>stillborn</u>) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>		(24) Address of Physician or Midwife <u>Gaffney, S.C.</u>			
(25) State whether Physician or Midwife <u>Physician</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by father)			
..... 19..... Registrar		(27) Filed <u>Feb. 1 1922</u> 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.					