

(1) PLACE OF BIRTH

County of HamptonTownship of W. 2. 10. 11. 12.Inc. Town of WarrvilleCity of Warrville

(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

52541

Registration District No. 24. 10. Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child Jane Mary Sparks

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>Take account only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 7</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Peter Sparks</u>		(9) PRESENT POSTOFFICE OF FATHER <u>Warrville S.C.</u>		
(10) COLOR OR RACE <u>Black</u>		(11) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Hopewell</u>		(13) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>1 & 1/2</u>		(21) Number of children of this mother now living, including present birth <u>1 & 1/2</u>		

(14) NAME BEFORE MARRIAGE <u>William Smart</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Warrville S.C.</u>
(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>
(18) BIRTHPLACE <u>Warrville S.C.</u>	(19) OCCUPATION <u>Farmer</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

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

Given name added from a supplemental report

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Registrar

(26) Witness Mrs. M. M. White

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

(27) Filed Mar 10, 1914 (28) Mrs. H. D. Vincent

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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