

(1) PLACE OF BIRTH

County of AikenTownship of Wadesor
Inc. Town ofor
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

19681

Registration District No. 244 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Charles Willie Spencer 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>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 15 1968</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME
Charles Spencer(9) PRESENT POSTOFFICE OF FATHER
Kidge Spring Rt 4(10) COLOR OR RACE
white(11) AGE AT LAST BIRTHDAY
67
(Years)(12) BIRTHPLACE
Camfield(13) OCCUPATION
Farming(14) Number of children born to mother, including present birth
4

MOTHER

(14) NAME BEFORE MARRIAGE
Nattie Toland(15) PRESENT POSTOFFICE OF MOTHER
Kidge Spring Rt 4(16) COLOR OR RACE
white(17) AGE AT LAST BIRTHDAY
49
(Years)(18) BIRTHPLACE
Camfield(19) OCCUPATION
House-keeper(20) Number of children of this mother now living, including present birth
3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive as G.O.M. on the date above stated. (Born alive or stillborn) (For A.M. or P.M.)(22) (Signature) D. B. Goolsby(23) State whether Physician or Midwife (24) Address of Physician or Midwife
Phys

Given name added from a supplemental report

101

Registrar

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Aug 10 1968 (27) H. W. H. H. H. H. 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