

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 1.

(1) PLACE OF BIRTH

County of Greene
Township of Tugalo
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 11478

Registration District No. 3503 Registered No. 2
(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 Umanee Spearman If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Type or Figure 7 (5) Number in order of birth 7 (6) Age at birth Yes (7) DATE OF BIRTH Jan 10 1923

FATHER. (8) FULL NAME Bee Spearman (9) PRESENT OCCUPATION OF FATHER Astronomer R 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35

(12) BIRTHPLACE SC (13) NAME OF MOTHER Fannickene Band

(14) PRESENT OCCUPATION OF MOTHER Astronomer R 2

(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 32

(17) BIRTHPLACE SC (18) OCCUPATION House Wife

(19) Number of children born to mother, including present birth 7

(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(22) (Signature) M. C. Duckworth M.D. (23) Address of Physician or Midwife at 1208 P.

(24) State whether Physician or Midwife Physician

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

(26) Date May 9 1923 (27) Local Registrar D. H. H.

(28) 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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