

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
 N. H.—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.  
 Form 5-6  
 MCGRAW HILL  
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 MCGRAW HILL

(1) PLACE OF BIRTH  
 County of Abbeville  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Abbeville SC (No. 27 ..... St.; Orange ..... Ward)  
 (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  
**24381**

Registration District No. 1A Registered No. 85  
 (For use of Local Registrar)

(2) Full Name of Child Walter Allen Spruance | If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy 4) Twin or Triplet? — 5) Number in order of birth 2 6) Are Parents Married? yes 7) DATE OF BIRTH Aug 2 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Walter Spruance  
 (9) PRESENT POSTOFFICE OF FATHER Abbeville, SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27  
 (Years)  
 (12) BIRTHPLACE Abbeville, SC  
 (13) OCCUPATION K.R. Car Inspector  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Idona Pressley  
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
 (Years)  
 (18) BIRTHPLACE Abbeville, SC  
 (19) OCCUPATION House-wife  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was Alive ..... at 1:30 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) J. A. Hill M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Abbeville, S.C.

Given name added from a supplemental report  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Aug 9 1922 (28) Miss Julia McEllister 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.

Registrar | Local Registrar

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