

## (1) PLACE OF BIRTH

County of

Cherokee

Township of

Graysonville

or

Inc. Town of

Country

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

Single

(5) Number in order of birth

12

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 20, 1922

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

## FATHER.

(8) FULL NAME

E. B. Spencer

(9) PRESENT POSTOFFICE OF FATHER

Laffney R. #6

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43

(12) BIRTHPLACE

Union Co S.C.

(13) OCCUPATION

Farmer

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

12

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Anne Maffney

(15) PRESENT POSTOFFICE OF MOTHER

Laffney S. R. #6

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39

(18) BIRTHPLACE

Hortonburg Co S.C.

(19) OCCUPATION

Domestic

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

11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... at 9:50 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

\*When there was no attending physician or midwife, if a child breathes even once, a report should be made.

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