

Form No. 1.

## (1) PLACE OF BIRTH

County of AllenTownship of Chinquapinor  
Inc. Town of  
orCity of ..... (No. .... St.; .... 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

45166

Registration District No. 702 Registered No. 1  
(For use of Local Registrar)(2) Full Name of Child. Crisson Spence } 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 7(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 23 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Levias Spence(9) PRESENT POSTOFFICE OF FATHER Batesburg(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 40  
(Years)(12) BIRTHPLACE Allen County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Farrow(15) PRESENT POSTOFFICE OF MOTHER Batesburg(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 35  
(Years)(18) BIRTHPLACE Allen County(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth { 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Allen 11 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. M. Corason, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Batesburg, 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 10 Jan 1916(28) H. B. Heston

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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. R.—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.