

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

(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

25078

Registration District No. 9ARegistered No. 1134

(For use of Local Registrar)

St.: Ward)

(2) Full Name of Child Alonso Spueill

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Christopher Spueill

(14) NAME BEFORE MARRIAGE

Aldona Jones

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

22

(Years)

(16) COLOR OR RACE

C.

(17) AGE AT LAST BIRTHDAY

18

(Years)

(12) BIRTHPLACE

Charleston

(18) BIRTHPLACE

Jacksonville Fla

(13) OCCUPATION

Printer

(19) OCCUPATION

Dressmaker

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

One

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Miller M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

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.