

(1) PLACE OF BIRTH

County of Charleston
 Township of Charleston
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10433

Registration District No. 10013Registered No. 25
(For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J. W. Spencer

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1
 To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH April 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James B. Spencer(9) PRESENT POSTOFFICE OF FATHER Sumner 29(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Bell White(15) PRESENT POSTOFFICE OF MOTHER Sumner 29(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Geo. Carter(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Sumner 29

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 6, 1922

(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.