

Standard Certificate of Birth

FILE No.—For State Registrar Only

I. PLACE OF BIRTH

County of Greenville
Township of _____
or
Inc. Town of _____
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

2604

Registration District No. 2209-B

Registered No. 159

2. FULL NAME OF CHILD

Wayne Allen Springfield

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

3. Boy or Girl

Boy

If Plural births

4. Twin, triplet or other

5. Number, in order of birth

6. Premature

7. Are Parents Married?

Yes

8. Date of birth June 6, 1941
(Month, day, year)

9. Full name FATHER Anders Springfield

18. Name before marriage MOTHER Kathleen Adair

10. Residence (mailing address) Greenville, S.C.
(If non-resident, give place and State)

19. Residence (mailing address) Same
(If non-resident, give place and State)

11. Color or race White 20. Age at last birthday 52 (years)

21. Color or race White 21. Age at last birthday 33 (years)

13. Birthplace (city or place) S.C.
(State or country)

22. Birthplace (city or place) S.C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____
Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 10:15 A. m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ m. on the above date.
(Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____
(Specify)

(Signed) Ryland A. Blakely, M. D.

or _____, Midwife

Address Greenville, S.C.

Filed 7-7, 1941 Thomas McAfee
Local Registrar.

Form 1—Keys Ptg. Co., Greenville, S. C.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

SPENCE
1941

A Certified Copy
R. E. Christensen
Clerk of Court, C. P. & G. S.
Ex-Officio Clerk of County Court
Greenville County, S. C.
Dated Sept 2, 1947

SPENCE

Recorded July 27th, 1962 at 3:35 P.M. #2912

JUL 27 3 35 PM 1962

Filed for record in the office of
the R. M. C. for Greenville
County, S. C. at 3:35 P.M. of each
P. M. July 27th, 1962
and recorded in Dead Book
703 at page 192
R. M. C. for G. Co. S. C.
Deaths