

1122/43

614 Park Road  
North Charleston, S.C.

16 092877

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.

(See instructions on Back of Certificate.)

## 1. PLACE OF BIRTH

County of Aiken  
 Township of Monetta  
 or  
 Inc. Town of Monetta  
 or  
 City of \_\_\_\_\_

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

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

 Registration District No. 209 Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

FILE No.—For State Registrar Only

00128

2. FULL NAME OF CHILD ANNIE GRACE LOTT { If child is not yet named, make supplemental report as directed.

3. <del>Boy</del> or Girl	If Plural births	4. Twin, triplet or other	5. Number, in order of birth	6. Premature	Full term <u>yes</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Sept 17</u> , 19 <u>16</u> (Month, day, year)
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 9. Full name FATHER John Wilkes Lott

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

 11. Color or race White 12. Age at child's birth 38 (years)

 13. Birthplace (city or place)  
 (State or country) Monetta, S.C.  
Aiken County

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

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

 16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work life time

 18. Name before marriage MOTHER Willie Mae Fox

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

 20. Color or race White 21. Age at child's birth 30 (years)

 22. Birthplace (city or place)  
 (State or country) Monetta, S.C.  
Aiken County

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

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

 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work 36

 27. Number of children of this mother  
 (At time of birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

 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 born at \_\_\_\_\_ m. on the date above stated.

(Signed) Willie Mae Lott, Parent

or \_\_\_\_\_, Guardian

Address \_\_\_\_\_

Filed February 9, 1943 M. B. Woodward, M. D.

Registrar.

Registrar.