

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 _____ (No. _____ St.; _____ Ward)

(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. _____

FILE No.—For State Registrar Only

00128

(For use of Local Registrar)

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

3. ~~Boy~~ or Girl _____ If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Are Parents Married? yes 8. Date of birth Sept 17, 1916. (Month, day, year)

9. Full name FATHER John Wilkes Lott 18. Name before marriage MOTHER Willie Mae Fox

10. Residence (mailing address) (If non-resident, give place and State) Monetta, S.C. 19. 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) 20. Color or race White 21. Age at child's birth 30 (years)

13. Birthplace (city or place) (State or country) Monetta, S.C. Aiken County 22. 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 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

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

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work life time 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 Fox Lott, Parent

or _____, Guardian

Address _____

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

Registrar.

Registrar.