

(1) PLACE OF BIRTH

County of *Anderson*
Township of *Anteville*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28766

Inc. Town of *Anteville* Registration District No. *303* Registered No. *58*
(For use of Local Registrar)City of *Anteville* (No. *58* St.; *58* Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *Carrie Etta Agnew* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *1* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *July 5, 1907*
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME *Walter Agnew*(2) PRESENT POSTOFFICE OF FATHER *Anteville*(3) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *48* (Years)(4) BIRTHPLACE *S.C.*(5) OCCUPATION *County Pauper*(6) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Simpson*(15) PRESENT POSTOFFICE OF MOTHER *Anteville*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *32* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Handy woman*(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *C. G. B. G. G. G.*

(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 22 is signed by mother)

(27) Filed *191* (28) *ANDERSON, S. R.* 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.