

(1) PLACE OF BIRTH

County of Kershaw.....

Township of

OR

Inc. Town of Lugoff SC.....

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

77743

Registration District No. 2904 Registered No. 170

(For use of Local Registrar)

City of (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. Annice Chestnut..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) ~~Triplet?~~

To be answered only in event of Twins or Triplets

(5) Number in order of birth 5(6) Are Parents Married? No(7) DATE OF BIRTH August, 4 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Leslie Chestnut

(9) PRESENT POSTOFFICE OF FATHER

Lugoff SC

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE

Lugoff SC

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Ella Miller

(15) PRESENT POSTOFFICE OF MOTHER

Lugoff SC

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE

Candlen SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

5

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) (P. M.)

(23) (Signature) Midwife Esther Smith Lugoff SC

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness

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

(27) Filed 10/10/16

(28)

R.P. Johnson 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCraw, of Columbia.