

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of PendletonInc. Town of ...City of ...

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

2839

Registration District No. 310Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child

Annie May Kollie

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

(1) BOY OR GIRL <u>girl</u>	(2) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(3) Number in order of birth <u>1</u>	(4) Are Cross Marked <u>yes</u>	(5) DATE OF BIRTH <u>Feb. 23, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(6) FULL NAME Raymond Kollie(7) PRESENT RESIDENCE OF FATHER Pendleton, S. C.(8) COLOR OR RACE Lat. (9) AGE AT LAST BIRTHDAY 44 (Year)(10) BIRTHPLACE Carpenter, S. C.(11) OCCUPATION Public Works(12) Number of children born to mother, including present birth One

MOTHER.

(13) NAME BEFORE MARRIAGE Corine Hull(14) PRESENT RESIDENCE OF MOTHER Pendleton, S. C.(15) COLOR OR RACE Lat. (16) AGE AT LAST BIRTHDAY 18 (Year)(17) BIRTHPLACE Anderson, S. C.(18) OCCUPATION Domestic(19) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Bella Evans(22) State whether Physician or Midwife Midwife(23) Address of Physician or Midwife Pendleton, S. C.

Given name added from a supplemental report

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

(25) Date Mar 17, 1923 (26) H. H. L. Smith

When there is a supplemental report, it should be filed with the original report. If a child is born stillborn, it should be reported as such. The report is subject to inspection by the State Board of Health.