

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of North Anderson

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 30950

Registration District No. 103Registered No. 111
(For use of Local Registrar)(2) Full Name of Child Jennie May Still

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

(3) SEX <u>Female</u>	(4) Age <u>10 years</u>	(5) Date of birth <u>Oct. 24, 1903</u>	(6) Name of child <u>Jennie May Still</u>
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FATHER

(1) NAME Jimmie Still(2) RESIDENCE Anderson Co.(3) COLOR Black (4) AGE AT LAST BIRTH 19(5) BIRTHPLACE Atlanta Georgia(6) OCCUPATION Farmer(7) Number of children born to mother, including present birth 1

MOTHER

(1) NAME BEFORE MARRIAGE Maudie Johnson(2) RESIDENCE North Anderson(3) COLOR Black (4) AGE AT LAST BIRTH 14(5) BIRTHPLACE Anderson(6) OCCUPATION House maid(7) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(8) I hereby certify that I attended the birth of this child, who was ... born alive ... at 6:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(9) (Signature) William J. Williams(10) Address of Physician or Midwife 105 Lewis Street North Anderson

(11) Witness (Signature of Witness necessary only when question 10 is signed by mark)

(12) Signed (13) Local Registrar

This certificate, when filled out by the physician, midwife, or other person, should make this return. No report is desired of stillbirths.

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