

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 Dillon
Township of Bethesda
or
Inc. Town of _____
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. 1606

16 093512

FILE No.—For State Registrar Only

00288

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD Annie May Dew (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Girl If Plural births 4 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. Aug. 1st, 1916 (Month, day, year)

9. Full name Laurence Edward Dew FATHER 18. Full maiden name Annie Allen MOTHER 10. Residence (mailing address) (If non-resident, give place and State) Latta, S. C. 19. Residence (mailing address) (If non-resident, give place and State) Latta, S. C.

11. Color or race white 12. Age at last birthday 31 (Years) 20. Color or race white 21. Age at last birthday 35 (Years) 13. Birthplace (city or place) (State or country) Latta, S. C. 22. Birthplace (city or place) (State or country) Latta, S. C.

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. House work 15. Industry or business in which work was 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 10 yrs 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 3 yrs

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 0

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ (Before labor) _____ (During labor) _____

Specify any physical deformities of child at birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

I certify that I testified or had testified in the eyes of this child at _____ on above date

(Signed) F. Responder, M.D.

Given name added from a supplementary report _____

(Date of)

OR _____, Midwife.

Address Latta S. C.

Filed 1-23, 1916 M. B. Woodward, Registrar.

Registrar.

Registrar.