

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Cherokee
Township of White PlainsOR
Inc. Town of Registration District No. 1007 Registered No. 149
OR
City of (No.) St.; (Ward)
(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

File No.—For State Registrar Only

76231

(2) Full Name of Child Basil Franklin Pettit { If child is not yet named, make supplemental report as directed

| | | | | |
|----------------------------|---|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? <u>1</u> <small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth <u>6</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Sept. 17, 1946</u> <small>(Name of Month) (Day) (Year)</small> |
|----------------------------|---|---------------------------------------|-------------------------------------|--|

FATHER.

(8) FULL NAME Edmund Pettit

(9) PRESENT POSTOFFICE OF FATHER Goffney P.O. RD 4

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Cherokee Co., S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 6 }

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bell Anthony

(15) PRESENT POSTOFFICE OF MOTHER Goffney P.O. RD 4

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Cherokee Co., S.C.

(19) OCCUPATION House wife

(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 1:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. G. P. Patton M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Goffney, S.C.

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 Oct 2 1946 (28) Dr. Smith 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.