

## PLACE OF BIRTH

City of Lancaster  
 County of Miller  
 or  
 Town of Lancaster  
 or

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

FILE No.—For State Registrar Only

39039-A

Registered No.

(For use of Local Registrar)

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

FULL NAME OF CHILD

Anna Margaret Satterly

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

Sex

If Plura

4. Twin, triplet, or other

5. Premature

7. Legit

8. Date of birth

Nov 291922

births

5. Number, in order of birth

Full term

mater

(Month, day, year)

## FATHER

Harry Satterly

Residence (usual place of abode)

(If nonresident, give place and State) LancasterAge at last birthday 26 (Years)

Birthplace (city or place)

(State or country)

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. HotelIndustry or business in which work was done, as silk mill, sawmill, bank, etc. Cotton mill

Date (month and year) last engaged in this work

1919

17. Total time (years) spent in this work

18. Full maiden name

19. Residence (usual place of abode)

(If nonresident, give place and State)

20. Color or race W21. Age at last birthday 17 (Years)

22. Birthplace (city or place)

(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

1919

26. Total time (years) spent in this work

Number of children of this mother

At time of this birth and including this child

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

If stillborn, { months { weeks

29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4 m. on the date above stated

(Born alive or stillborn)

(Signed) J. P. Perry, M. D.

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

Name added from Midwife

Supplemental report

(Date of)

Filed 19

Registrar.

Registrar.