

(1) PLACE OF BIRTH

County of OrangeburgTownship of Holly Hill

or

Inc. Town of Holly Hill

or

City of Holly Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3609File No.—For State Registrar Only
19697Registered No. 80
(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.)(2) Full Name of Child Annie Sweat

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? 1(5) Number in order of birth 1
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH June 2, 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Witcham Sweat(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Day Laborer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Pratt(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Day Laborer(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Born alive at 9 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.(23) (Signature) Virginia L. Liggins(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness M. Heesman

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

(27) Filed June 8, 1927(28) H. M. Heesman
Local RegistrarWhen 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.

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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.