

(1) PLACE OF BIRTH

County of WilliamsburgTownship of AndersonIn. Town of
or
City of

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

(2) Full Name of Child. Sadie M. Avant

File No.—For State Registrar Only

83789

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4802 Registered No. 485
(For use of Local Registrar)

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

(3) ~~Boy or~~
GIRL?(4) Twin
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in
order of birth 4th(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Oct. 16, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEDaniel Avant(9) PRESENT
POSTOFFICE
OF FATHERTris se(10) COLOR
OR
RACE W(11) AGE AT LAST
BIRTHDAY 37
(Years)

(12) BIRTHPLACE

Sc

(13) OCCUPATION

Farm(20) Number of children born to
mother, including present birth4

MOTHER.

(14) NAME BEFORE
MARRIAGEJoseph Thomas(15) PRESENT
POSTOFFICE
OF MOTHERTris se(16) COLOR
OR
RACE W(17) AGE AT LAST
BIRTHDAY 30
(Years)

(18) BIRTHPLACE

Sc

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dale

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeTris seGiven name added from a supplement-
tal report

191...

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 10 20 1916(28) J. W. Gumbin
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.

MARGEN RESERVED FOR BINDING.

MARGEN RESERVED FOR BINDING. WHEN UNFADING INK-TYPE 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.

No. 1 of Columbia.