

(1) PLACE OF BIRTH

County of BeaufortTownship of Hiltonhead

Inc. Town of

City of (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
58783Registration District No. 602 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child Annie Atkins { If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 21 for 6 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Atkins(9) PRESENT POSTOFFICE OF FATHER Hiltonhead S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Singleton(15) PRESENT POSTOFFICE OF MOTHER Hiltonhead S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 15 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born Alive at 3 P. M., on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Kanagh Christopher(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hiltonhead S.C.

Given name added from a supplemental report

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Registrar

(26) Witness W. D. Brown (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 22 1916 (28) W. D. Brown 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.

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