

## (1) PLACE OF BIRTH

County of Walhara.....Township of Smithville.....

or

Inc. Town of.....

or

City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19494

Registration District No. 3306... Registered No. 26.....

(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 Jennell Strong {If child is not yet named, make supplemental report as directed(3) SEX—  
GIRL(4) Twin  
or Triplet?(5) \* Number in  
order of birth(6) Are  
Parents  
Married?

(7) DATE OF

BIRTH JULY, 29, 19  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEJohn Strong,(9) PRESENT  
POSTOFFICE  
OF FATHERKellock, S.C.(10) COLOR  
OR RACE(11) AGE AT LAST  
BIRTHDAY 40.....  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming.

## MOTHER.

(14) NAME BEFORE  
MARRIAGEAnnie Strong,(15) PRESENT  
POSTOFFICE  
OF MOTHERKellock, S.C.(16) COLOR  
OR RACENegro,(17) AGE AT LAST  
BIRTHDAY 38.....  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Work.(20) Number of children born to  
mother, including present birth(21) Number of children of this mother  
now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was..... at 3 P.... M.,  
on the date above stated. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.)(23) (Signature) Julian Driggers,

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Kellock, S.C.Given name added from a supplement-  
tal report

(26) Witness .....

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed JULY, 26, 1949 (28) .....

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.

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

MEDIAN OF COLUMBIA, COLUMBIA, S. C.