

(1) PLACE OF BIRTH

County of MarionTownship of Revereor
Inc. Town ofor
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

86595

Registration District No. 3205 Registered No. 339

(For use of Local Registrar)

Sl.: Ward)

(2) Full Name of Child. Annie May Smith } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Oct 31 1916

To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Not Legitimate

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE ✓ (11) AGE AT LAST BIRTHDAY ✓ (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Smith(15) PRESENT POSTOFFICE OF MOTHER Gion S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Marion County(19) OCCUPATION Farm Labour(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carl K. Hage

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

Midwife Gion S.C.

Given name added from a supplemental report

(26) Witness J. C. Moody

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

(27) Filed Nov 29 1916 (28) J. C. Moody Sub-Local Registrar.

Registral

*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.