

Form No. 1

(1) PLACE OF BIRTH

County of Marion
 Township of Red Bluff
 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
31347

Registration District No. 3305 Registered No. 178
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Annie May Bundy St.; Ward)

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept 2 1925</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Vic A. Bundy
 9) PRESENT POSTOFFICE OF FATHER Mc. Cae SC
 10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)
 12) BIRTHPLACE Marion Co SC
 13) OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Annie May Smith
 15) PRESENT POSTOFFICE OF MOTHER Mc. Cae SC
 16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)
 18) BIRTHPLACE Brunswick Co SC
 19) OCCUPATION Domestic
 20) Number of children born to mother, including present birth 4
 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 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Douglas H. Hines
 (24) State Physician or Midwife (25) Address of Physician or Midwife Mc. Cae SC

Given name added from a supplemental report

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

(27) Filed Sept 10 1925 (28) J. H. Nease 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.