

(1) PLACE OF BIRTH

County of Richland  
Township of .....  
or  
Inc. Town of .....  
or  
City of Eastover, S.C.

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for State Registrar Only

22433

Registration District No. 3809

Registered No. 216  
(For use of Local Registrar)

(2) Full Name of Child

Annady Platt

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

Yes

(7) DATE OF BIRTH

11 July 1923

(8) FULL NAME

McKinley Platt

(9) PRESENT POSTOFFICE OF FATHER

Eastover

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

Eastover, S.C.

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

3

(15) NAME BEFORE MARRIAGE

Loise House

(16) PRESENT POSTOFFICE OF MOTHER

Eastover

(17) COLOR OR RACE

Colored

(18) AGE AT LAST BIRTHDAY

20

(19) BIRTHPLACE

Eastover

(20) OCCUPATION

Farming

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 11 July at Eastover, S.C. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Kadaden

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

Charlotte Goyd

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 11 July 1923

(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.