

(1) PLACE OF BIRTH

County of GreenvilleTownship of Slassy Mts

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

43270

Registration District No. 2208

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Anna Lela Petty St.; Ward)

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

1

(5) Number in order of birth

2

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan. 12 1906

FATHER.

(8) FULL NAME

Dolly Petty

(9) PRESENT POSTOFFICE OF FATHER

Campobello S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

South Car

(13) OCCUPATION

Merchant

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Reid

(15) PRESENT POSTOFFICE OF MOTHER

Campobello S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

South Car

(19) OCCUPATION

House wife

(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 or stillborn on the date above stated.

(23) (Signature)

Thomas C. M...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Campobello S.C.

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed

191...

(28)

Local Registrar

When there was no attending physician or midwife, then the father, household etc. must make the report of a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

fifth month of pregnancy.