

Form, No. 1

(1) PLACE OF BIRTH

County of

Township of

or

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

70164

Registration District No.

3800

Registered No.

74

(For use of Local Registrar)

(2) Full Name of Child

Annie Bookhart

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

(3) ~~BOY OR~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married?

No

(7) DATE OF
BIRTH June 27 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(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

One

MOTHER.

(14) NAME BEFORE
MARRIAGE

Jane Bookhart

(15) PRESENT
POSTOFFICE
OF MOTHER

Blythewood S.C.

(16) COLOR
OR
RACE

negro

(17) AGE AT LAST
BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Richland Co. S.C.

(19) OCCUPATION

Farm work

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:00 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Annie X. Harman

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Blythewood S.C.

Given name added from a supplement-
tal report

191...

Registrar

(26) Witness

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

(27) Filed 7-17-16

191...

(28)

W. A. McLean

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
County of Columbia