

(1) PLACE OF BIRTH

County of

Township of

or
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

76376

Registration District No. 1204

Registered No.

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

Annie Louel

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jack Louel

(9) PRESENT POSTOFFICE OF FATHER

Chesterfield

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Chesterfield

(13) OCCUPATION

farming

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Candis Horton

(15) PRESENT POSTOFFICE OF MOTHER

Jefferson

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

Chesterfield

(19) OCCUPATION

House wife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mie Raley

(24) State whether Physician or Midwife

Mid wife

(25) Address of Physician or Midwife

Bethune St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Apr 18 1916

(28)

D. B. Beachance

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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.

McCaw, of Columbia.