

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43588

County of McCormickTownship of Plum Branch

or

Inc. Town of.....

or

City of.....

Registration District No. 4000 Registered No. 42
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Audie Bell Tennant If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tennant(9) PRESENT POSTOFFICE OF FATHER Plum Branch(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 65
(Years)(12) BIRTHPLACE Plum Branch S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Tennant(15) PRESENT POSTOFFICE OF MOTHER Plum Branch(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40
(Years)(18) BIRTHPLACE Edgefield Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adannah Keels(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Plum Branch

Given name added from a supplemental report

(26) Witness Mollie Piechrist
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 8 1922 (28) S. B. Adams 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 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.
RECAP OF COLUMBIA, COLUMBIA, S. C.