

(1) PLACE OF BIRTH

County of SummitTownship of 7Inc. Town of _____
or
City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

42753

Registration District No. 1212Registered No. 10

(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Little Fannie

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
late entered only in case of being a twin(6) Are Parents Married? Yes(7) DATE OF BIRTH July 1 1945
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Little Fannie(9) PRESENT POSTOFFICE OF FATHER Summit(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24 Years(12) BIRTHPLACE Summit(13) OCCUPATION Teacher(14) Number of children born to mother including present birth 1

MOTHER

(15) NAME BEFORE MARRIAGE Little Fannie(16) PRESENT POSTOFFICE OF MOTHER Summit S.C.(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 24 (Years)(19) BIRTHPLACE Summit(20) OCCUPATION Teacher(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Bore alive or stillborn) (Hour A. M. or P. M.) 11 A.M.(23) Signature: James X. Smith(24) Name whether Physician or Midwife: James X. Smith (25) Address of Physician or Midwife: Summit S.C.

Given name added from a supplemental report

(26) Witness: James X. Smith

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

(27) Filed July 1 1945 (28) Little Fannie

State Registrar

When there was no attending physician or midwife, let the father himself, under the supervision of a child health officer, make this report. If a child is born dead, it must be reported as stillborn. No report is due in case of stillbirth unless the father makes a statement.

WHEN PLACED IN THIS SPACE, THE REGISTRAR WILL BE ADVISED THAT THE FATHER HAS MADE THIS STATEMENT. N. B.—In case of twins or triplets use a SEPARATE BLANK for each child, and attach this to the first one. FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc. in question 8.