Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 650

(1) PLACE OF BIRTH

County of Charleston

Township of 2nd St. Paul or Inc. Town of Isle of Wight or City of ..... (No. ..... St.; ..... Ward)

Registration District No. ..... Registered No. 2 (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 Anna Belle Pender (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 Jan. 16th 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Pendergast

(9) PRESENT POSTOFFICE OF FATHER Midland Park

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Truck driver

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Bowman

(15) PRESENT POSTOFFICE OF MOTHER Midland Park

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Cooking

(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 alive (Born alive or stillborn) at 10 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sarah X Ridley

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Midland Park

Given name added from a supplemental report .....

..... 19 .... Registrar

(26) Witness S. I. Bowman (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 16th 1922 (28) Max L. H. Huser, 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.

MACHY OF COLUMBIA, COLUMBIA, S. C.

Issued in 1918 by the COMMISSIONER OF HEALTH, STATE OF SOUTH CAROLINA

THE STATE REGISTRAR WILL NOT ACCEPT THIS CERTIFICATE UNLESS THE SIGNATURE OF THE LOCAL REGISTRAR IS ATTACHED.