

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		87631	
Township of <u>Providence</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>4105</u>		Registered No. <u>155</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Annie May Arston</u>			If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 12, 1916</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Ransom Arston</u>			(14) NAME BEFORE MARRIAGE <u>Sallie Moses</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Darzell, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Darzell S.C.</u>		
(10) COLOR OR RACE <u>colored</u>		(11) AGE AT LAST BIRTHDAY <u>46</u>	(16) COLOR OR RACE <u>colored</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farm Hand</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>12</u> M., on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>Sarah Ann Mitchell</u>			(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness <u>Mrs. Emma Burkette</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
19 <u>1916</u> Registrar			(27) Filed <u>Nov. 20, 1916</u> (28) <u>B. McLaughlin</u> <small>Local Registrar.</small>		
*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.					