

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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

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