

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

30121

Registered No. 140
(For use of Local Registrar)

(2) Full Name of Child

Robert Monk Bannister

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Sept 14 23

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Eugene Bannister

(9) PRESENT POSTOFFICE OF FATHER

Dunn and 20th

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

38

(12) BIRTHPLACE

Sptg Co S.C.

(13) OCCUPATION

Farmer

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

1 2

MOTHER

(14) NAME BEFORE MARRIAGE

Ola Foster

(15) PRESENT POSTOFFICE OF MOTHER

Dunn and 20th

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

Sptg Co S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

Sept 16 23

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.