

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62965

(1) PLACE OF BIRTH
County of *Anderson*
Township of *Belton*or
Inc. Town of
or
City ofRegistration District No. *300*Registered No. *93*
(For use of Local Registrar)

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 *Bessie Agnew* { 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 *—* (6) Are Parents Married? *yes* (7) DATE BIRTH *June 15 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Grover Agnew*(9) PRESENT POSTOFFICE OF FATHER *Belton S.C.*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *28* (Years)(12) BIRTHPLACE *Abbeville Co S.C.*(13) OCCUPATION *Farmers*(14) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Clara Humbert*(15) PRESENT POSTOFFICE OF MOTHER *Belton S.C.*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *27* (Years)(18) BIRTHPLACE *Laurie Co S.C.*(19) OCCUPATION *Farming*(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1 P.* M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *Julia X Smith*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Belton S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) *June 23 1916*(28) *J. P. Tucker* 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.

MAKING RECORDED FOR BUREAU OF VITAL STATISTICS. WHEN IN A HOSPITAL OR OTHER INSTITUTION, GIVE NAME OF SAME INSTEAD OF STREET AND NUMBER. N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTAL BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia