

## (1) PLACE OF BIRTH

County of Calthoun  
 Township of Amelia

or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31932

Registration District No. 800 Registered No. 84  
 (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 Nenny Macke If child is not yet named, make supplemental report as directed

(3) SEX OR

MALE

(4) Twin

or Triplet?

(5) Number in

order of birth

(6) Are

Parents

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

## FATHER

(8) FULL

NAME

(9) PRESENT

POSTOFFICE

OF FATHER

(10) COLOR

OR

RACE

(11) AGE AT LAST

BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to

mother, including present birth

## MOTHER

(14) NAME BEFORE

MARRIAGE

(15) PRESENT

POSTOFFICE

OF MOTHER

(16) COLOR

OR

RACE

(17) AGE AT LAST

BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother

now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mattie X. Trenchard  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
 al report

(26) Witness

(Signature of witness necessary only  
 when question 22 is signed by mark)(27) Filed Oct 11 1913 (28) A. R. Able 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.

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