

Form No. 10.
 THIS TABLE WITH ATTACHED COUPON IS A COMPLETE FORM.
 IT IS TO BE FILLED OUT BY THE FATHER, MOTHER, OR OTHER PERSON WHO HAS CARE OF THE CHILD, AND MARK THE
 City of Columbia.
 DEPARTMENT OF HEALTH, No. 1, THE OTHER, No. 2, etc., in question 5.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
46349

(1) PLACE OF BIRTH
 County of Greenville
 Township of Glasgow
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 7-202 Registered No. 3
 (For use of Local Registrar)

(2) Full Name of Child Annie Paula Petty If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 12 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Tally W. Petty</u>			(14) NAME BEFORE MARRIAGE <u>Annie Reid</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Campbells St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Campbells St.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Greenville Co. S.C.</u>			(18) BIRTHPLACE <u>Greenville Co. S.C.</u>	
(13) OCCUPATION <u>Merchant</u>			(19) OCCUPATION <u>Nursewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Morrow
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Campbells St.
Dr. M. 8-21-52

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 24 1916 (28) L. V. Phillips Local Registrar

Given name added from a supplemental report
June 18 1916
W. M. Miller
Deputy 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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