

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.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Chesterfield
Township of Cole Hill
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.)

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

File No.—For State Registrar Only
76347

Registration District No. 12.02 Registered No. 59
(For use of Local Registrar)

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

| | | | | |
|--------------------------------|---|------------------------------|--|--|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number In order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Sept 5, 1910</u> (Name of Month) (Day) (Year) |
|--------------------------------|---|------------------------------|--|--|

FATHER.

(8) FULL NAME Will Pittman

(9) PRESENT POSTOFFICE OF FATHER Ruby S. C. R. 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Chesterfield Co. S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nettie Wright

(15) PRESENT POSTOFFICE OF MOTHER Ruby S. C. R. 2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Anson Co. N. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

| | | |
|--|--|---|
| (23) (Signature) <u>Nettie X. Fincher</u> | (24) State whether Physician or Midwife <u>Midwife</u> | (25) Address of Physician or Midwife <u>Ruby S. C. R. 2</u> |
| Given name added from a supplemental report | | |
| (26) Witness <u>Will Pittman</u> (Signature of Witness necessary only when question 23 is signed by mark) | | |
| (27) Filed <u>Sept. 13, 1910</u> (28) <u>J. A. Davis</u> 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.