

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. 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 .....

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. 1202 Registered No. 59  
 (For use of Local Registrar)

(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 Annie Laura Pittman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 5, 1910  
 (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 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nettie X Fincher  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ruby S. C. R. 2

Given name added from a supplemental report  
 .....  
 ..... 19 .....

(26) Witness Will Pittman  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept. 13, 1910 (28) J. A. Davis  
 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.