

## (1) PLACE OF BIRTH

County of Carroll  
 Township of Carroll  
 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

10190

Registration District No. 8.01 Registered No. 35  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

3. Sex of Child Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Apr 27 22  
 (To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Geo. Wannamaker  
 9. PRESENT POSTOFFICE OF FATHER St. Matthews  
 10. COLOR OR RACE Chgo 11. AGE AT LAST BIRTHDAY 25  
 12. BIRTHPLACE S.C.  
 13. OCCUPATION Hammer

## MOTHER.

14. NAME BEFORE MARRIAGE Effie Lou Amaker  
 15. PRESENT POSTOFFICE OF MOTHER St. Matthews  
 16. COLOR OR RACE Chgo 17. AGE AT LAST BIRTHDAY 23  
 18. BIRTHPLACE S.C.  
 19. OCCUPATION Hammer  
 20. Number of children born to mother, including present birth 1  
 21. Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born & live at 3:30 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour & P.M.)

(23) (Signature) A. G. R. x 10/22

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filled May 4 1922

(28)

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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