

(1) PLACE OF BIRTH

County of Cathowin
Township of Catwain
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)

(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 Lou Wannamaker (If child is not yet named, make supplemental report as directed)

3. Sex or GIRL 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
(Name of Month) (Day) (Year)

FATHER.
8. FULL NAME Jno. Wannamaker
9. PRESENT POSTOFFICE OF FATHER H. M. Whore
10. COLOR OR RACE Chgo (11) AGE AT LAST BIRTHDAY 25 (Years)
12. BIRTHPLACE S.C.
13. OCCUPATION Team hand
14. Number of children born to mother, including present birth 1

MOTHER.
14. NAME BEFORE MARRIAGE Effie Lou Amaker
15. PRESENT POSTOFFICE OF MOTHER H. M. Whore
16. COLOR OR RACE Chgo (17) AGE AT LAST BIRTHDAY 23 (Years)
18. BIRTHPLACE S.C.
19. OCCUPATION Team hand
20. 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 alive at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Agnes X King (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
19
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 4 1922 (28) J. H. Humph 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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