

(1) PLACE OF BIRTH

County of Southampton
 Township of Rush Springs
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for this Register 37600

Registration District No. H-6 Registered No. 172
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) girl (4) 1 (5) 2 (6) yes (7) DATE OF BIRTH July 20 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence Almond
 (9) PRESENT RESIDENCE OF FATHER Wellford S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lora Miles
 (15) PRESENT RESIDENCE OF MOTHER Wellford S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House work

(20) Number of children born to mother, including present birth 2 (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 on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) R. E. Thompson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumner S.C.

Given name added from a supplemental report

(26) Witness Nov. 15 23
 (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Calapera 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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