

(1) PLACE OF BIRTH

County of Marion  
 Township of Marion  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. Penderboro Road)  
 (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  
**46800**

Registration District No. 2703 Registered No. 5  
 (For use of Local Registrar)

(2) Full Name of Child Henry Victor Ammons { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 5 1916  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Victor Ammons  
 (9) PRESENT POSTOFFICE OF FATHER RFD 3 Marion SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)  
 (12) BIRTHPLACE Marion Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Stella Lane  
 (15) PRESENT POSTOFFICE OF MOTHER Marion SC RFD 3  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Marion Co  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion S. Shibley  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marion SC

Given name added from a supplemental report  
 ..... 191.....  
 .....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 1/16 1916 (28) Space 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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