

(1) PLACE OF BIRTH
County of Lee

Township of

or
Inc. Town of Bishopvilleor
City of

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

(2) Full Name of Child. Ruth Lannelly { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (For use of Local Registrar)

FATHER. MOTHER.

(8) FULL NAME Robert Lannelly (14) NAME BEFORE MARRIAGE Minnie Smith(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C. (15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 31(12) BIRTHPLACE (18) BIRTHPLACE Bishopville S.C.(13) OCCUPATION Brick Mason (19) OCCUPATION Seamstress(20) Number of children born to mother, including present birth { 4 } (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 24 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Heater Dixon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Bishopville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness W. R. Fisher (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 24, 1916 (28) Mrs. R. J. Laney 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.

fifth month of pregnancy.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
49706Registration District No. 30 a Registered No. 3
(For use of Local Registrar)