

(1) PLACE OF BIRTH

County of CharlestonTownship of Hammockor
Inc. Town of Hammock

City of

(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

85668

Registration District No. 2016 Registered No. 41

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Rena Bell Lander { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 23, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chance Lander(9) PRESENT POSTOFFICE OF FATHER Hammock(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Bastick(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Meddie Lander(15) PRESENT POST OFFICE OF MOTHER Hammock(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Lang(19) OCCUPATION farmer(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Midwife Anna L. Stine

(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) Filed Nov 25-16 (28) W. H. Boston Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. NO. 1. THE OTHER: NO. 2, ETC., IN QUESTION 5.