

(1) PLACE OF BIRTH

County of Startanbury
 Township of Buck Springs
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. for State Register Only

12021

Registration District No. 4000Registered No. 21

(For use of Local Registrar)

City of (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 Annabel Padgett

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) Age Parents Married 20 (7) DATE OF BIRTH Jan 8 23
 (Date of Month) (Day) (Year)

FATHER

(8) FULL NAME Ellin Padgett(9) PRESENT POSTOFFICE OF FATHER Turkey St(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Startanbury Co(13) OCCUPATION mill work(20) Number of children born to mother, including present birth Four (4)

MOTHER

(14) NAME BEFORE MARRIAGE Liza Pearson(15) PRESENT POSTOFFICE OF MOTHER Turkey St(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Startanbury Co(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth Three (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Aline 208 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. Moore(24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife Turkey St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 23 1923 (28) Local Registrar S. B. Moore

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.