

FORM NO. 4
MARGIN RESERVED FOR BINDING.
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 6.

(1) PLACE OF BIRTH
County of Anderson
Township of Parrennes
or
Inc. Town of
or
City of (No. St. Ward)
(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

80177

Registration District No. 313 Registered No. 444
(For use of Local Registrar)

(2) Full Name of Child Not named } If child is not yet named, make supplemental report as directed

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

FATHER.

(8) FULL NAME Mack Nance
(9) PRESENT POSTOFFICE OF FATHER Anderson R.F.D. #7
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Anderson Co.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth III

MOTHER.

(14) NAME BEFORE MARRIAGE Maudie M. Adams
(15) PRESENT POSTOFFICE OF MOTHER Anderson R.F.D. #7
(16) COLOR OR RACE Man (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Greenwood S.C.
(19) OCCUPATION House work-Farming
(21) Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olga D. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician | Anderson S.C.

Given name added from a supplemental report

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

(27) Filed Nov 14, 1916 (28) E. A. Elrod 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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