

Form No 1.

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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 Register Only

54182

Registered No. 33  
(For use of Local Registrar)(2) Full Name of Child Annie Lee Gittys { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in family of birth 2 (6) Are Parents Registered? Yes (7) DATE OF BIRTH March 27 1911  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Callioth Gittys(9) PRESENT POSTOFFICE OF FATHER Carthart Farm(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farm hand(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Pearl M. Cuddeback(15) PRESENT POSTOFFICE OF MOTHER "(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION "(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:45 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Callioth Gittys (24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 4/1 1911 (28) J. Smith Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child branches even sure, it must not be registered as stillborn. No report is desired of stillborns 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.

City of Columbia