

(1) PLACE OF BIRTH

County of Lee
Township of Doyleville
or
Inc. Town of

CERTIFICATE OF BIRTH

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

No. 1602 - For State Registrar Only

17413

Registration District No. 1602 Registered No. 76
(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 Annie Lee Betha (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Age Married no (7) DATE OF BIRTH June 27, 33
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Year)
(12) BIRTHPLACE
(13) OCCUPATION
(14) Number of children born to mother, including present birth 1 girl

MOTHER.
(14) NAME BEFORE MARRIAGE Hertense Crawford
(15) PRESENT POSTOFFICE OF MOTHER Little Rock Sc
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Year)
(18) BIRTHPLACE Sc
(19) OCCUPATION Janitor
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Megella M Neal
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Little Rock Sc

Given name added from a supplemental report
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..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 27, 33 (28) J. J. Hard 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.