

(1) PLACE OF BIRTH

County of LeeTownship of Doyleville

or Inc. Town of

City of

(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

File No.—For State Registrar Only

17413

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1602Registered No. 76
(For use of Local Registrar)(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) Are Spouse Married? no(7) DATE OF BIRTH June 27, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Herlense Crawford(15) PRESENT POSTOFFICE OF MOTHER Little Rock Sc(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY (Years) 23(18) BIRTHPLACE Sc(19) OCCUPATION Laundryman(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature) Megella M. Neal

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Little Rock Sc

Given name added from a supplemental report

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

(26) Filed June 27, 23

(27) 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.