

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

No. 13303

Registration District No. 1002

Registered No. 53
(For use of Local Registrar)(2) Full Name of Child Annis Murrell Humphreys

(3) SEX OR

Male

(4) Type

Single

(5) Number in

order of birth 2

(6) Is

yes

(7) DATE OF

BIRTH

Feb 28, 1923

(Name of Month) (Day) (Year)

(8) FULL

NAME

(9) PRESENT

POSTOFFICE

OF FATHER

(10) COLOR

OR RACE

(11) AGE AT LAST

BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) NAME BEFORE

MARRIAGE

(15) PRESENT

POSTOFFICE

OF MOTHER

(16) COLOR

OR RACE

(17) AGE AT LAST

BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children born to

mother, including present birth

(21) Number of children of this mother

now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 10, 1923

(28)

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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