CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
50095

(1) PLACE OF BIRTH

County of Orangeburg

Township of Edisto

or

Inc. Town of ..... Registration District No. 36039 Registered No. 10 (For use of Local Reistrar)

or

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 Louise Antley — If child is not yet named make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth 4

(6) Are Parents Married? yes

(7) DATE OF BIRTH ~~Feby~~ (Name of Month) 2 (Day) 1916 (Year)

FATHER.	MOTHER.
(8) FULL NAME Dan'l Lewis Antley	(14) NAME BEFORE MARRIAGE Meta Elizabeth Antley
(9) PRESENT POSTOFFICE OF FATHER Copesc	(15) PRESENT POSTOFFICE OF MOTHER Copesc
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY ~~34~~ 40 (Years)	(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Orangeburg County	(18) BIRTHPLACE Orangeburg County
(13) OCCUPATION farmer	(19) OCCUPATION housewife
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth ~~4~~ 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Clekley MD

(24) State whether Physician or Midwife Bamberg

(25) Address of Physician or Midwife SC

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Feby 15 1916 (28) M. K. Antley Sub 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.

..... Registrar — 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.

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 5.
N. B.—McCaw, of Columbia.