

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.

(1) PLACE OF BIRTH

County of Georgetown  
Township of .....  
or  
Inc. Town of .....  
or  
City of Georgetown  
(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 Registrar Only

38392

Registration District No. 21-A

Registered No. 104  
(For use of Local Registrar)

(2) Full Name of Child ANNIE MARLE BACOTE  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth —	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>July 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Amos Bacote</u>			(14) NAME BEFORE MARRIAGE <u>Nattie Tucker</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>colored</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE <u>Georgetown Co.</u>			(18) BIRTHPLACE <u>Georgetown Co.</u>	
(13) OCCUPATION <u>Laborer.</u>			(19) OCCUPATION <u>Housework.</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Bell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Georgetown S.C.

Given name added from a supplemental report

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

(27) Filed Dec 13 1922 (28) Mrs. R. J. King  
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.

Registrar

Local Registrar.

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