

## (1) PLACE OF BIRTH

County of ... Shreveport .....

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 HealthNo. 618Registration District No. 10.0 ... Registered No. 7 .....

(For use of Local Registrar)

(No. .... Hamrick Mill Village ..... Ward)(2) Full Name of Child... Dever Kinere Pannington .....

If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD <u>Boy</u>	(b) TYPE OF BIRTH <u>1st</u>	(c) DATE OF BIRTH <u>Jan 2, 1925</u>
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## FATHER.

(1) FULL NAME Dever Pannington(2) PRESENT RESIDENCE OF FATHER Gaffney, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE Gaffney, S.C.(13) OCCUPATION Mill operative(14) Number of children born to mother, including present birth One

## MOTHER.

(10) FULL NAME Sale Upchurch(11) PRESENT RESIDENCE OF MOTHER Gaffney, S.C.(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 18 (Year)(14) BIRTHPLACE Gaffney, S.C.(15) OCCUPATION Mill operative(16) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was Alive ..... at 5:15 P.M. on the date above stated. (18) (Signature) Thos. J. Gaffney, S.C. (19) State whether Physician or Midwife Physician (20) Address of Physician or Midwife Gaffney, S.C.

Given name added from a supplemental report

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

(22) Filed Feb 10 ..... 1925. (23) Dr. Smith

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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