

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of OrangeburgInc. Town of OrangeburgCity of Orangeburg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

35986

Registration District No. 3613 Registered No. 1321

(For use of Local Registrar)

City of Orangeburg (No. 1321 St. 1321 Ward 1321)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Albert Annakes (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twin or Triplet</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 15, 1922</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Rayford Annakes</u>	(14) NAME BEFORE MARRIAGE <u>Margie Whaley</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg, S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Year)
(12) BIRTHPLACE <u>Orangeburg, Co</u>	(18) BIRTHPLACE <u>Orangeburg, Co</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farm Help</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. L. Freeman(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg, 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 Oct 20, 1922 (28) A. L. Toney 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.

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.

RECEIVED OF COLUMBIA, COLOMBIA, S. C.