

(1) PLACE OF BIRTH

County of YorkTownship of Beech Springsor
Inc. Town ofor
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

File No.—For State

91787

Registration District No. 4000 Registered No. 917

(For use of Local Registrar)

(2) Full Name of Child William Bannor } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec. 18</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Don't Know(9) PRESENT POSTOFFICE OF FATHER Don't Know(10) COLOR OR RACE Don't Know (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Don't Know(13) OCCUPATION Don't Know(20) Number of children born to mother, including present birth Two (2)

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lou Bannor(15) PRESENT POSTOFFICE OF MOTHER Wellford, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE York Co., S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Boy alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. B. Moore

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Phys. Wellford 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 30 1916 (28) S. B. Moore 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.

MARGIN RESERVED FOR INDEXING.
 WITH PLAIN, WITH UNFOLDING IN.—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.
 McCaw of Columbia.