

(1) PLACE OF BIRTH

County of LefloreTownship of Plant Springsor
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

65283

Registration District No. 310Registered No. 20

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child

Annie Almonia Shaper

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH June 5, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

A. C. Shaper

(9) PRESENT POSTOFFICE OF FATHER

Easton, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

Orangeburg, S.C.

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

3

MOTHER.

(15) NAME BEFORE MARRIAGE

Myra Diney Martin

(16) PRESENT POSTOFFICE OF MOTHER

Easton, S.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

17
(Years)

(19) BIRTHPLACE

Swainsboro, S.C.

(20) OCCUPATION

Cooking

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Pomelia (Born alive or stillborn) (Hour A. M. or P. M.) 11 P.
on the date above stated.(23) (Signature) Annie W. Wagon

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

MidwifeEaston, S.C.

Enter name added from a supplemental report

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Registrar

(26) Witness

M. B. Shaper
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

July 11, 1916

(28)

J. A. Glenn
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. 10. REPRODUCED UNDER AUTHORITY OF THE BOARD OF HEALTH, STATE OF SOUTH CAROLINA. WITH UNEXPIRED TERM—THIS IS A PERMANENT BLANK FOR EACH CHILD, AND WITH NO FIRST-BORN, NO. 1, THIS OFFICE, NO. 2, etc., in question 2.