

(1) PLACE OF BIRTH

County of LexingtonTownship of Haller Creekor
Inc. Town of _____
or

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 Registrar Only

49809

Registration District No. 3108Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>Take answered only in event of Twin or Triplet</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 18</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Edie Annick</u>			(14) NAME BEFORE MARRIAGE <u>Willie Keiner</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Richmont, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Richmont, S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	(18) BIRTHPLACE <u>S.C.</u>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Teacher</u>	(19) OCCUPATION <u>Housewife</u>	(21) Number of children of this mother now living, including present birth <u>8</u>	
(20) Number of children born to mother, including present birth <u>10</u>			(22) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at _____ (Born alive or stillborn) _____ (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) R. B. Smith, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Richmont, 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 _____ (28) _____
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.

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