

(1) PLACE OF BIRTH

County of Wayne
Township of Wayne
or
In Town of _____
or
City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 500

FILED FOR THE REGISTRAR ONLY
JAN 19 1916

Registered No. 198
(For use of local Registrar)

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

(2) Full Name of Child Anna Irene

For child is not yet named, state supplemental report as follows

(3) SEX OF CHILD girl (4) Twins no (5) Number of previous births _____ (6) Age at Birth Married (7) DATE OF BIRTH Jan 11 1916
(8) RACE White (9) RACE White

FATHER		MOTHER	
(10) FULL NAME <u>W. R. Rine</u>	(14) NAME BEFORE MARRIAGE <u>Carrie</u>	(15) PRESENT POST OFFICE OF FATHER <u>Wright S.C.</u>	(16) PRESENT POST OFFICE OF MOTHER <u>Wright S.C.</u>
(17) COLOR OR RACE <u>White</u>	(18) AGE AT LAST BIRTHDAY <u>40</u>	(19) COLOR OR RACE <u>White</u>	(20) AGE AT LAST BIRTHDAY <u>38</u>
(21) BIRTHPLACE <u>S.C.</u>	(22) BIRTHPLACE <u>S.C.</u>	(23) OCCUPATION <u>Time Laborer</u>	(24) OCCUPATION <u>Housewife</u>
(25) Number of children born to mother including present birth <u>13</u>	(26) Number of children born to mother including present birth <u>7</u>		

(27) I hereby certify that I attended the birth of this child, who was born alive at W.R. Rine on the date above stated.

(28) (Signature) Martha Platt
(29) State whether Physician or Midwife Midwife (30) Address of Physician or Midwife Wright S.C.

(31) Given name of child from birth certificate Anna Irene
(32) Witness F. H. B...
(33) Date Jan 11 1916

(34) I have examined the record of the birth of this child and find that the same is correct and true and that the same is in accordance with the laws of this State.