

## (1) PLACE OF BIRTH

County of ChathamTownship of Pine GroveInc. Town of Stoneboro

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25001

Registration District No. 803Registered No. 81

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child Annice W. Larence If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>GIRL</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 28 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Edging Larence(9) PRESENT POSTOFFICE OF FATHER Parlers SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40  
(Years)(12) BIRTHPLACE Parlers SC(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Marye Gale(15) PRESENT POSTOFFICE OF MOTHER Parlers(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 38  
(Years)(18) BIRTHPLACE Parlers SC(19) OCCUPATION House wife(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 ..... at 1:45 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lester Goodwin

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

Given name added from a supplemental report

(26) Witness Mrs. O. D. Stoddard  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 2 22 (28) W. D. Stoddard  
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.