

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
or
Inc. Town of Greenville
or
City of Greenville

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

File No. — For State Registrar

43588

Registration District No. 7209 Registered No. 2
(For use of Local Registrar)

(2) Full Name of Child Anna Maria Allen St.; Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet? No

(5) Number in order of birth
1
To be answered only in event of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 12
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bahro F. Wat

(9) PRESENT POSTOFFICE OF FATHER Greenville SC

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Greenville

(13) OCCUPATION City Night Clerk

(20) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE Maria M. Allen

(15) PRESENT POSTOFFICE OF MOTHER Greenville SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE Shoreshoring SC

(19) OCCUPATION Domestic

(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 Alive, at 4 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann F. Watson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

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(28)

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.

Registrar I

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WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
N. B. McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.