

Form No. 10.

MARGIN RESERVED FOR BINDING.

WR. IT: 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

County of Columbia

(1) PLACE OF BIRTH

County of BerkleyTownship of 2nd St. Johnsor
Inc. Town ofor
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

63247

Registration District No. 703 Registered No. 55
(For use of Local Registrar)(2) Full Name of Child Annin Belle Segree

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

(3) ~~Boy or~~
GIRL? Girl(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married? yes(7) DATE OF
BIRTH June 14 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE Black(11) AGE AT LAST
BIRTHDAY 32
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(15) NAME BEFORE
MARRIAGE(16) PRESENT
POSTOFFICE
OF MOTHER(17) COLOR
OR
RACE Black(18) AGE AT LAST
BIRTHDAY 32
(Years)

(19) BIRTHPLACE

(20) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive
on the date above stated. (Hour of birth) (Hour A. M. or P. M.)(23) (Signature) Sarah E. Manigault

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

Midwife Monett's Corner StGiven name added from a supplement
report(26) Witness R. E. Hamilton(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed June 24th 1916 (28) J. C. Leavins

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.