

Form No. 1.

## (1) PLACE OF BIRTH

County of CherokeeTownship of Baton Rougeor  
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

59166

Registration District No. 1100 Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child Annanda Gandy If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 14, 1914 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Garfield Gandy(9) PRESENT POSTOFFICE OF FATHER Loomisville, R. #2(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Cherokee Co.(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Gandy(15) PRESENT POSTOFFICE OF MOTHER Loomisville, R. #2(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Cherokee Co.(19) OCCUPATION farm laborer(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) V. W. Wooten(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Loomisville, R. #2

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 9, 1914 (28) J. C. Cornwell 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.

MARGIN RESERVED FOR BINDING. WATER PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. R.—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. McCaw, of Columbia.