

WHEN PLACED, WITH OTHER BIRTH RECORDS, IN A SEPARATE BLANK FOR EACH CHILD, AND MUST BE
X. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and must be
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Registrar Only	
County of <u>allendale</u>		STATE OF SOUTH CAROLINA		2700	
Township of <u>1</u>		Bureau of Vital Statistics			
or Inc. Town of <u> </u>		State Board of Health			
or City of <u> </u>		Registration District No. <u>46.00</u>		Registered No. <u>13</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Anna Terry</u>				If child is not yet named, make supplemental report as directed	
(3) SEX OR CHILD <u>boy</u>	(4) Type or Triplet <u>To be answered only in case of Twin or Triplet</u>	(5) Number in order of birth <u>1</u>	(6) DATE OF BIRTH <u>Feb 3 1923</u>		
FATHER			MOTHER		
(7) FULL NAME <u>Anna Terry</u>			(10) NAME BEFORE MARRIAGE <u>Fannie Davis</u>		
(8) PRESENT RESIDENCE OF FATHER <u>allendale SC</u>			(11) PRESENT RESIDENCE OF MOTHER <u>allendale SC</u>		
(9) COLOR OR RACE <u>negro</u>			(12) AGE AT LAST BIRTHDAY <u>22</u>		
(13) BIRTHPLACE <u>SC</u>			(14) COLOR OR RACE <u>negro</u>		
(15) OCCUPATION <u>Farm Labor</u>			(16) BIRTHPLACE <u>SC</u>		
(17) OCCUPATION <u>Farm Labor</u>			(18) OCCUPATION <u>Farm Labor</u>		
(19) Number of children born to mother, including present birth <u>2</u>			(20) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(21) I hereby certify that I attended the birth of this child, who was <u>above</u> <u>27</u> M., on the date above stated. (Hour A. M. or P. M.)					
(22) (Signature) <u>Mary Wright</u>					
(23) State whether Physician or Midwife <u>Midwife</u>					
(24) Address of Physician or Midwife <u>allendale SC</u>					
Given name added from a supplement- tal report <u> </u>					
(25) Witness <u>J. H. Boyd</u>					
(26) (Signature of Witness necessary only when question 25 is signed by mark)					
(27) Filed <u>Feb 12 1923</u> (28) <u>J. H. Boyd</u> 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.