

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. N. H.—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.  
 Sec'y. of Columbia.

(1) PLACE OF BIRTH  
 County of Lancaster  
 Township of Cane creek  
 or  
 Inc. Town of ..... Registration District No. 2801 Registered No. 96  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
86260

2) Full Name of Child Missouri Bann { 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 6 (6) Are Parents Married? yes (7) DATE OF BIRTH oct, 1916  
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Bann  
 (9) PRESENT POSTOFFICE OF FATHER Lancaster SC  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE Lancaster SC  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie James  
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Liberty Hill SC  
 (19) OCCUPATION farming  
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at Oct. 1916 M., on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Loether Curry  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster SC #3

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_ Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov. 1916 (28) M. H. Draffin Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.