

## (1) PLACE OF BIRTH

County of VoluntaryTownship of VoluntaryIncl. Town of VoluntaryCity of Voluntary

(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

77567

Registration District No. 2505 Registered No. 58  
(For use of Local Registrar)City of Voluntary (No. 5 SL; Ward)2. Full Name of Child Anna P. Chubb If child is not yet named, make supplemental report as directed3. SEX OF CHILD Female (1) Female (2) Male (3) Unknown (4) Male (5) Female (6) Unknown  
Is the mother not in care of a living child?4. FATHER'S NAME David (1) David (2) David (3) David (4) David (5) David (6) David5. PRESENT RESIDENCE OF FATHER Voluntary (1) Voluntary (2) Voluntary (3) Voluntary (4) Voluntary (5) Voluntary (6) Voluntary6. COLOR OF CHILD White (1) White (2) White (3) White (4) White (5) White (6) White  
AGE AT LAST BIRTHDAY 137 (Years)7. BIRTHPLACE Voluntary Co SC (1) Voluntary Co SC (2) Voluntary Co SC (3) Voluntary Co SC (4) Voluntary Co SC (5) Voluntary Co SC (6) Voluntary Co SC8. OCCUPATION Teacher (1) Teacher (2) Teacher (3) Teacher (4) Teacher (5) Teacher (6) Teacher9. Number of children born to mother, including present birth 9 (1) 9 (2) 9 (3) 9 (4) 9 (5) 9 (6) 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was born (1) born (2) born (3) born (4) born (5) born (6) born  
on the date above stated.(2) (Signature) R. A. Bae (3) (Address of Physician or Midwife) Voluntary Co SC(4) (Signature of Witness) Voluntary Co SC (5) (Address of Physician or Midwife) Voluntary Co SC(6) (Signature of Witness) Voluntary Co SC (7) (Address of Physician or Midwife) Voluntary Co SC(8) (Signature of Witness) Voluntary Co SC (9) (Address of Physician or Midwife) Voluntary Co SC(10) (Signature of Witness) Voluntary Co SC (11) (Address of Physician or Midwife) Voluntary Co SC(12) (Signature of Witness) Voluntary Co SC (13) (Address of Physician or Midwife) Voluntary Co SC(14) (Signature of Witness) Voluntary Co SC (15) (Address of Physician or Midwife) Voluntary Co SC