

5/6/22

(1) PLACE OF BIRTH

County of York  
Township of 7  
or  
Inc. Town of.....  
or  
City of.....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

4250

Registration District No. 2106 Registered No. 11  
(For use of Local Registrar)

City of..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annice Pyatt If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 18 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Caroline Pyatt  
(9) PRESENT POSTOFFICE OF FATHER Brook Green S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 44 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 7

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Annice Rhoda  
(15) PRESENT POSTOFFICE OF MOTHER Brook Green S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. J. M. Moore  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Brook Green S.C.

Given name added from a supplemental report  
.....  
.....  
..... 19 ..  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Feb 21 1922 (28) Seabell 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.

REMARKS: 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.