

## (1) PLACE OF BIRTH

County of AlbemarleTownship of 11Inc. Town of .....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

Registration District No. 4670No. 2705 - For State Registrar Only

2705

Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Perita Trister

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl(4) Type of Birth .....(5) Number in order of birth .....(6) Sex of Mother .....(7) DATE OF BIRTH Feb 21 1913

(Name of Month) (Day) (Year)

(8) FATHER'S NAME Trister Trister(9) PRESENT RESIDENCE OF FATHER Albemarle SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 41(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7(15) MOTHER'S NAME BEFORE MARRIAGE Kate Deloach(16) PRESENT RESIDENCE OF MOTHER Albemarle SC(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 29(19) BIRTHPLACE SC(20) OCCUPATION Housewife(21) Number of children of this mother and birth including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child on the date above stated.

(23) Signature ..... (24) Date .....(25) Address of Physician or Midwife Albemarle SC(26) Given name added from a supplementary report .....

(27) When there was no attendance by a physician or midwife, the name of the person who attended the birth should be stated.

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