

(1) PLACE OF BIRTH

County of GranvilleTownship of Smith

or

Inc. Town of

or

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

File No. — For State Registrar Only
90069Registration District No. 2203 Registered No. 106

(For use of Local Registrar)

(2) Full Name of Child. Sarah Vance { If child is not yet named, make supplemental report as directed

| | | | | |
|-----------------------------|----------------------|---|--------------------------|---|
| (3) BOY OR GIRL? | (4) Twin or Triplet? | (5) Number in order of birth <u>2</u> <small>To be answered only in event of Twins or Triplets</small> | (6) Are Parents Married? | (7) DATE OF BIRTH <u>Dec 4</u> 191 <u>6</u> (Name of Month) (Day) (Year) |
|-----------------------------|----------------------|---|--------------------------|---|

FATHER.

(8) FULL NAME Frank Vance(9) PRESENT POSTOFFICE OF FATHER Pelzer(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Halliday(15) PRESENT POSTOFFICE OF MOTHER Pelzer SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:57 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. A. Ross, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelzer SC

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 10 1916 (28) C. O. Smith 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.