

(1) PLACE OF BIRTH

County of ... Andersen

Township of ... Pendleton

or
Inc. Town of

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

71303

(2) Full Name of Child

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) Are Parents Married? Yes (7) DATE OF BIRTH 2 2 1916

To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. L. Atkins

(9) PRESENT POSTOFFICE OF FATHER Pendleton, S. C. #3.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth six

MOTHER.

(14) NAME BEFORE MARRIAGE Corrine Stone

(15) PRESENT POSTOFFICE OF MOTHER Pendleton, S. C. #7.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Anderon, Co., S. C.

(19) OCCUPATION House-wife

(21) Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) A. B. Beer

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pendleton, S. C.

Given name added from a supplemental report

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

(27) Filed 191 (28) Local Registrar H. H. Leavright

*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.

FORM NO. 10.
 WIFE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the
 SCARF of Collarbone. FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.