

(1) PLACE OF BIRTH

County of Anderson

Township of Honey Path

or

Inc. Town of .....

or

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

(3) BOY OR GIRL? GIRL

(4) Twin or Triplet? No

(5) Number in order of birth 307

(6) Are Parent Married? Yes

(7) DATE OF BIRTH Nov 13 1902

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Danied Hugh

(9) PRESENT POSTOFFICE OF FATHER Belton

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 23

(12) BIRTHPLACE Macomic SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Sibert

(15) PRESENT POSTOFFICE OF MOTHER Belton SC

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 23

(18) BIRTHPLACE Macomic SC

(19) OCCUPATION Housewifery

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alma at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lemna L. Sims

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Belton SC R5

Given name added from a supplemental report

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

(27) Filed Nov 14 1902 (28) L. A. Williams 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.

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H. W. Sawright, Dec 10 1902