

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

63032

County of Anderson

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Annaor  
Inc. Town ofRegistration District No. 307Registered No. 84  
(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 Mamie Helen Bannister 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 Parent Married? Yes (7) DATE OF BIRTH June 26 1916  
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Olis O. Bannister (14) NAME BEFORE MARRIAGE Mamie Pearce(9) PRESENT POSTOFFICE OF FATHER Anna (15) PRESENT POSTOFFICE OF MOTHER Anna(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25(12) BIRTHPLACE Anderson Co (18) BIRTHPLACE Anderson Co(13) OCCUPATION Farming (19) OCCUPATION Hom(20) Number of children born to mother, including present birth 3 (21) Number of children of 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 born at 12 P M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Williams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anna

Given name added from a supplemental report

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

(27) Filed June 30 1916 (28) J. 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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When No. 2 is required, fill in a separate blank for each child, and mark the N. H. in case of TWINS or TRIPLETS and a SEPARATE BLANK, No. 2, etc., in question 5.

McGraw-Hill, of Columbia