

(1) PLACE OF BIRTH

County of

Township of

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

37034

Registration District No. 46.0.3

Registered No. 69
(For use of Local Registrar)

(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?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Nov 26 1900
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Blanch Arons

(9) PRESENT POSTOFFICE OF FATHER

Barton SC

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Allendale SC

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Eva Hagwood

(15) PRESENT POSTOFFICE OF MOTHER

Barton SC

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Allendale SC

(19) OCCUPATION

House wife

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

1

(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 born on the date above stated.

(23)

(Signature)

Laura Smith

(24)

State whether Physician or Midwife

Midwife

(25)

Address of Physician or Midwife

Barton SC

Given name added from a supplemental report

(26) Witness

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

(27)

Filed

Dec 4 1900

(28)

Local Registrar.

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.

Registrar

Local Registrar.

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