

## (1) PLACE OF BIRTH

County of

Township of

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

71221

Registration District No. 3-D Registered No. 84

(For use of Local Registrar)

(2) Full Name of Child Annie Bell Meubom If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 15, 1916</u> (Name of Month) (Day) (Year)
FATHER			MOTHER.	
(8) FULL NAME <u>Lawer R. Meubom</u>			(14) NAME BEFORE MARRIAGE <u>Clora L. Mulaps</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>El Paso Texas</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pelzer St.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>15</u> (Years)	
(12) BIRTHPLACE <u>Georgia</u>			(18) BIRTHPLACE <u>Alabama</u>	
(13) OCCUPATION <u>Mill Work</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Moxley(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelzer St.

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

(27) Filed Sep. 10, 1916 (28) James J. Pelzer 3d Local Registrar

Given name added from a supplemental report

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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.