

(1) PLACE OF BIRTH

County of Berkeley
 Township of 2nd St. John
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 10.—For State Registrar Only

2998

Registration District No. 703Registered No. 3
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annin May Fagan

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

(3) SEX girl (4) Twin or Triplet one (5) Age yr (6) DATE OF BIRTH 11-25-22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME Lat Fagan(8) PRESENT RESIDENCE OF FATHER Moncks Corn(9) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Berkeley Co(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth one

MOTHER.

(15) NAME BEFORE MARRIAGE Annin Gibbs(16) PRESENT RESIDENCE OF MOTHER Pineolis SC(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 26 (Year)(19) BIRTHPLACE Berkeley Co(20) OCCUPATION Farming(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Annin at 11-25-22 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lovena Gibbs(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Pineolis

Given name added from a supplemental report

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

(27) Filed 29 (28) Jan 11 1923

When there was no attending physician or midwife, then the father, householder, or other person must sign this certificate. If a child breathes even once, it must not be reported as stillborn. No report before the fifth month of pregnancy.