

Form No. 3

## (1) PLACE OF BIRTH

County of MarionTownship of Reaves

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3705

File No.—For State Registrar Only

43643

Registered No. 151  
(For use of Local Registrar)

(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 Claudia Jane Annous 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 Parents Married? yes (7) DATE OF BIRTH Dec 9, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wade Hampton Annous(9) PRESENT POSTOFFICE OF FATHER Mullins, S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Marion County S.C.(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Claudia Lewis(15) PRESENT POSTOFFICE OF MOTHER Mullins S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Marion County S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Smith M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mullins S.C.

Given name added from a supplemental report

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

(27) Filed Jan 9, 1923 (28) H. M. McPherson 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.