

## (1) PLACE OF BIRTH

County of CharlestonTownship of Stapletonor Inc. Town of Midlands S.C.or City of at this home

(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

14341

Registration District No. 1707Registered No. 35  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Annie Fountain { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? Yes (7) DATE OF BIRTH May 28 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie J. Fountain(9) PRESENT POSTOFFICE OF FATHER Midlands S.C.(10) COLOR OR RACE ca. cool (11) AGE AT LAST BIRTHDAY 42  
(Years)(12) BIRTHPLACE Darlington Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Nicholson(15) PRESENT POSTOFFICE OF MOTHER Midlands S.C.(16) COLOR OR RACE ca. cool (17) AGE AT LAST BIRTHDAY 37  
(Years)(18) BIRTHPLACE Florida(19) OCCUPATION former wife(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

Given name added from a supplemental report

(26) Witness W. J. Fountain  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 31 1922 (28) L. J. Brice  
Registrar 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.