

(1) PLACE OF BIRTH

County of BarnwellTownship of Blackville

OR

Inc. Town of _____

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

88451

Registration District No. 504 Registered No. 104
(For use of Local Registrar)

St. _____ Ward _____

(2) Full Name of Child Anna Saxon { If child is not yet named, make supplemental report as directed(3) GIRL? Girl (4) Twin or Triplet (5) Number 1 order of birth
To be answered only in case of Twins or Triplets (6) Are Parents Yes Married? (7) DATE OF Dec. 21 BIRTH 1917
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dock Saxon(9) PRESENT POSTOFFICE OF FATHER Blackville, S.C., R.F.D.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine May(15) PRESENT POSTOFFICE OF MOTHER Blackville, S.C., R.F.D.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth TwoCERTIFICATE OF ATTENDING ~~PHYSICIAN~~ MIDWIFE*(22) I hereby certify that I attended the birth of this child, who was alive at 7 a. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Sylvia X. Duke Midwife(24) State whether Physician or Midwife (25) Address of Blackville S.C., R.F.D. or Midwife

Given name added from a supplemental report

_____, 191____

Registrar(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 7 1917 (28) C. S. Hammond
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.