

(1) PLACE OF BIRTH

County of LancasterTownship of Cills Creekor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2804File No. 1726 For State Registrar OnlyRegistered No. 1
(For use of Local Registrar)(No. 1 St. 1 Ward 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Annie Susan Stover If child is not yet named, make supplemental report as directed.(1) BOY OR GIRL? G (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? No (5) DATE OF BIRTH 1 1922
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Unknown(6) PRESENT POSTOFFICE OF FATHER " "(7) COLOR " (8) AGE AT LAST BIRTHDAY " (Years) "(9) BIRTHPLACE "(10) OCCUPATION "(11) Number of children born to mother, including present birth 1

MOTHER.

(12) NAME BEFORE MARRIAGE Stover(13) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C.R.F.D. 1(14) COLOR " (15) AGE AT LAST BIRTHDAY " (Years) "(16) BIRTHPLACE S.C.(17) OCCUPATION Farm Helper(18) 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 born alive or stillborn at 12:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. T. Thompson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 4, 1922 (28) J. T. Thompson 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.