

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

74044

(1) PLACE OF BIRTH
County of *Newberry*
Township of *No. 5*
or
Inc. Town of *T. Kinards*
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *3709* Registered No. *15*
(For use of Local Registrar)
St.; _____ Ward

(2) Full Name of Child *M. Annale Testibannon* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug. 17, 1916</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME *Martin Intun Cannon*

(9) PRESENT POSTOFFICE OF FATHER *Kinards S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28* (Years)

(12) BIRTHPLACE *Lexington S.C.*

(13) OCCUPATION *Tractor Operator (R.R.)*

(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Katula Dennis Bolant*

(15) PRESENT POSTOFFICE OF MOTHER *Kinards S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *28* (Years)

(18) BIRTHPLACE *Lexington S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born Alive* *11:50* *A.M.*,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *T. M. Smith*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Kinards S.C.

Given name added from a supplemental report
....., 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
J. M. Smith
(27) Filed *Aug. 17, 1916* (28) *J. M. Smith* Local Registrar

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
McCaw, of Columbia.

*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.