

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. For State Registrar Only  
79757

(1) PLACE OF BIRTH  
County of York  
Township of Berhens  
or  
Town of  
or  
City of

Registration District No. 4401 Registered No. 2-17  
(For use of Local Registrar)  
St. Ward  
(No. of street and number.)

(2) Full Name of Child. Ann Jefferson Berry  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1  
To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 31, 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Joseph Berry  
(9) PRESENT POSTOFFICE OF FATHER R Hill S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
(Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Jam Potom  
(14) Number of children born to mother, including present birth 3

**MOTHER.**  
(14) NAME BEFORE MARRIAGE May Porter  
(15) PRESENT POSTOFFICE OF MOTHER R Hill S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21  
(Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION School  
(21) Number of children of this mother now living, including present birth 3

**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 7 A M., on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) Maggie Berry  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rock Hill, S.C.

Other name added from a supplemental report  
191  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filled 9/1/16 (28) S. W. Lane 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.

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