

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF DEATHS OR CRIPPLES use a SEPARATE BLANK FOR EACH CHILD, and mark the
 SPINSTER, No. 1. THE OTHER, No. 2, etc., in question 5.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 BUREAU OF VITAL STATISTICS
 State Board of Health

File No. For State Registrar Only
83868

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of Lanes
 or
 Inc. Town of
 or
 City of (No. St.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 7305 Registered No. 95
 (For use of Local Registrar)

(2) Full Name of Child Anna Cora Lee Marshall

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 2 (6) Arose Parents Married No (7) DATE OF BIRTH Oct 30 1916
 (Month of Month) (Day) (Year)

(8) FATHER'S FULL NAME Geoff Maxwell (9) PRESENT POST OFFICE OF FATHER Lanes SC (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Year) (12) BIRTHPLACE SC (13) OCCUPATION Farmer (14) NAME BEFORE MARRIAGE Hester Moore (15) PRESENT POST OFFICE OF MOTHER Lanes SC (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Year) (18) BIRTHPLACE SC (19) OCCUPATION Farm H & L (20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was...
 on the date above stated.
 (23) Signature Anna Marshall (24) State where born South Carolina
 (25) Signature of Physician or Midwife Anna Marshall (26) State where born South Carolina
 (27) Filed Oct 30 1916 (28) Local Registrar A. R. Marshall

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