

WHEN REPORTING TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 NUMBER OF TWINS OR TRIPLETS IN THE UPPER LEFT CORNER OF EACH BLANK.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 NUMBER OF TWINS OR TRIPLETS IN THE UPPER LEFT CORNER OF EACH BLANK.

(1) PLACE OF BIRTH
 County of Anderson
 Township of Hanna Path
 or
 Inc. Town of Registration District No. 307 Registered No. 152
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. For State Registrar Only
84279

(2) Full Name of Child Ellen Peden } If child is not yet named, make supplemental report as directed.

| | | | | |
|--|---|--|---|---|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? <u>no</u> | (5) Number in order of birth <u>11th</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Feb 12 1916</u> (Name of Month) (Day) (Year) |
| FATHER. | | MOTHER. | | |
| (8) FULL NAME <u>Dacee Peden</u> | | (14) NAME BEFORE MARRIAGE <u>Essie Cantor</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Hanna Path 3 c</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Hanna Path 3 c</u> | | |
| (10) COLOR OR RACE <u>Colored</u> | (11) AGE AT LAST BIRTHDAY <u>44</u> (Years) | (16) COLOR OR RACE <u>Colored</u> | (17) AGE AT LAST BIRTHDAY <u>39</u> (Years) | |
| (12) BIRTHPLACE <u>Abbeville Co</u> | | (18) BIRTHPLACE <u>Greenville Co</u> | | |
| (13) OCCUPATION <u>Farming</u> | | (19) OCCUPATION <u>House Work</u> | | |
| (20) Number of children born to mother, including present birth <u>11</u> | | (21) Number of children of this mother now living, including present birth <u>7</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. Alvin at L. P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. M. Smith
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hanna Path 3 c

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

 (27) Filed JUN 30 1916 (28) L. A. Williams 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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