

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Hanna Path

or  
 Inc. Town of .....

or  
 City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. 84279 For State Registrar Only

Registration District No. 307 Registered No. 152

(For use of Local Registrar)

(2) Full Name of Child Ellen Pedem

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl(4) Twin or Triplet? -(5) Number in order of birth 17th(6) Are Parents Married? yes(7) DATE OF BIRTH Nov 12 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Dacee Pedem(9) PRESENT POSTOFFICE OF FATHER Hanna Path 3 c(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 44

(Years)

(12) BIRTHPLACE Abbeville Co(13) OCCUPATION Farming(16) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Essie Cantan(15) PRESENT POSTOFFICE OF MOTHER Hanna Path 3 c(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 39

(Years)

(18) BIRTHPLACE Greenville Co(19) OCCUPATION House Work(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 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

191...

(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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WHEN TWINNED, WITH UNFADING INK, WRITE IN A PERMANENT RECORD, IN CASE OF TWINS OR TRIPLETS USE A SUPPLEMENTAL REPORT, No. 2, etc., in question 5.

RECORD OF