

Form No. 1

(1) PLACE OF BIRTH

County of FlambergTownship of Lumbertonville

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.—For State Registrar Only

77093

Registration District No. 2011 Registered No. 817

(For use — Local Registrar)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 29, 1916</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	----------------------	---	-------------------------------------	---

FATHER.

(8) FULL NAME Robinson Burrell(9) PRESENT POSTOFFICE OF FATHER Lumbertonville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Lumberton(15) PRESENT POSTOFFICE OF MOTHER Lumbertonville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. W. C. Munn(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lumbertonville SC

Given name added from a supplemental report

(26) Witness W. C. Munn (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 1, 1916 (28) W. C. Munn 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.

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