

(1) PLACE OF BIRTH

County of

Township of

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

84365

Registration District No.

403

Registered No.

50

(For use of Local Registrar)

(2) Full Name of Child

Annie Laura

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

(6) Are Parents Married?

120

(7) DATE OF BIRTH

Nov 23

1914

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Ida Anderson

(15) PRESENT POSTOFFICE OF MOTHER

Midway

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Farm Land

(20) 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 born alive at on the date above stated.

100 P. M.

(23) (Signature)

Belle Bartley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Midway

Jessie McMillan

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

(27) Filed Nov 30 1914

(28) K. F. McMillan

Local Registrar

Given name added from a supplemental report

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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.