

(1) PLACE OF BIRTH

County of OrkneyTownship of Porter

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

26873

Registration District No. 209Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child Anderson Corbett

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>✓</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Are Parents Married <u>✓</u>	(7) DATE OF BIRTH <u>Sept. 29, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Anderson Corbett(9) PRESENT POSTOFFICE OF FATHER Springfield S.C. 20(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Potts Sabor(15) PRESENT POSTOFFICE OF MOTHER Springfield S.C. 20(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary E. Thomas(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Springfield S.C.

Given name added from a supplemental report

(26) Witness Chas. H. Saeley (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 1, 1923 (28) Chas. H. Saeley 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.