

(1) PLACE OF BIRTH

County of AndersonTownship of Honea Pathor
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

6463

Registration District No. 3.07 Registered No. 3.6
(For use of Local Registrar)

(No. St.; Ward)

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

2) Full Name of Child

(3) SEX OR CHILD

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Age Parents

(7) DATE BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Leander Baister(9) PRESENT POSTOFFICE OF FATHER Honea Path S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Elizabeth Pruitt(15) PRESENT POSTOFFICE OF MOTHER Honea Path S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 45 (Years)(18) BIRTHPLACE Akerville Co.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 9:10 A.M. (Hour A. M. or P. M.)(22) (Signature) H. B. Williams(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Honea Path S.C.

Given name added from a supplemental report

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

(26) Filed March 2, 1912 (27) J. 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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