

(1) PLACE OF BIRTH

County of Anderson
 Township of Centerville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

3019

Registration District No. 303 Registered No. 11
 (For use of Local Registrar)

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

(2) Full Name of Child George Prince If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy (2) Twin or Triplet? ✓ (3) Number in order of birth 1 (4) Are Parents Married? ✓ (5) DATE OF BIRTH July 7, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Tom Prince
 (7) PRESENT POSTOFFICE OF FATHER Anderson S.C. Rt #4
 (8) COLOR OR RACE Caucasian (9) AGE AT LAST BIRTHDAY 30 (Years)
 (10) BIRTHPLACE Anderson S.C.
 (11) OCCUPATION Iron Worker

MOTHER.

(12) NAME BEFORE MARRIAGE Julia May Ruston
 (13) PRESENT POSTOFFICE OF MOTHER Anderson S.C. Rt #4
 (14) COLOR OR RACE Caucasian (15) AGE AT LAST BIRTHDAY 24 (Years)
 (16) BIRTHPLACE Anderson S.C.
 (17) OCCUPATION Housewife

(18) Number of children born to mother, including present birth 2 (19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive 229 7 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) H. C. Smith(22) State whether Physician or Midwife (23) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(25) Filed 19 (26) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If the 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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WHITES PLAINS. MARSH PRESERVED FOR BINDING.

NOTE: Home to care of TWINNING CHILDREN. THIS IS A PERMANENT RECORD. PRINTED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA. No. 1. THIS OFFICE, No. 2, etc., in question 6.