

(1) PLACE OF BIRTH

County of AndersonTownship of Rock Hill

Inc. Town of

(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

Registration District No. 312 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Anna Crist Embrey

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

(1) SEX OF CHILD <u>Boy</u>	(2) TYPE OF TISSUE <u>✓</u> Is it covered with a coat of fur or hair?	(3) NUMBER OF CHILD OF MOTHER <u>✓</u>	(4) AGE OF CHILD <u>✓</u>	(5) DATE OF BIRTH <u>Feb. 12, 1923</u>
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FATHER.

(10) FULL NAME Russell B Embrey(11) PRESENT RESIDENCE OF FATHER Anderson(12) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21(13) BIRTHPLACE Spokane, ID(14) OCCUPATION Farmer

(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(20) Number of children born to mother, including present birth 2

MOTHER.

(10) FULL NAME Retta Ann Embrey(11) PRESENT RESIDENCE OF MOTHER Anderson(12) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18(13) BIRTHPLACE And Co SC(14) OCCUPATION Housewife

(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.(29) (Signature) H. Smith

(30) State whether Physician or Midwife

(31) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(33) Date March 10, 1923 (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

Registrar

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