

(1) PLACE OF BIRTH

County of AndersonTownship of Honea Path

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.)

(2) Full Name of Child. Ethel May Centry

File No.—For State Registrar Only

20928

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 207Registered No. 95  
(For use of Local Registrar)

St.; Ward)

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

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 13, 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME William Jasper Centry(9) PRESENT POSTOFFICE OF FATHER Honea Path S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 20  
(Years)(12) BIRTHPLACE Georgia(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Emmie Gilmer(15) PRESENT POSTOFFICE OF MOTHER Honea Path S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:45 A.M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. J. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Honea Path S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 31, 1924 (28) Jimmie 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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THIS IS A PRELIMINARY RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McAul, of Columbia.