

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12737

12737

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

Registration District No. 3A Registered No. 158
 (For use of Local Registrar)

(No. 161 R. Rogers St. 1 Word)

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

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

(3) SEX OR GUILD Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are parents married Yes (7) DATE OF BIRTH July 14 1923
 To be completed only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME D. C. Verner
 (9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Year)
 (12) BIRTHPLACE Greene Co S.C.
 (13) OCCUPATION Driller
 (14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Cardie Oakley
 (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)
 (18) BIRTHPLACE Franklin Co Ga.
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Clarence K. Lee
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(25) Witness (Signature of witness necessary only when question 23 is answered) W. S. LAWTON,

(26) Filed 19 (27) ANDERSON, S.C. 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.

a Supplementary report (Date of)

Address 24 Main
 Filed 19