

(1) PLACE OF BIRTH

County of Anderson
 Township of Brookway
 OF
 Inc. Town of Anderson
 OR
 City of R. F. D. #1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6416

Registration District No. 801 Registered No. 1
 (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 Fred Freeman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL BOY (4) Twin or Triplet? S (5) Number in order of birth 2 (6) Are Parents Married? Y (7) DATE OF BIRTH Mar 20 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Miller Freeman
 (9) PRESENT POSTOFFICE OF FATHER Route #1 and S.O. Co. S.C.
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 60 (Year)
 (12) BIRTHPLACE And Co.
 (13) OCCUPATION farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Agnew
 (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 36 (Year)
 (18) BIRTHPLACE And Co.
 (19) OCCUPATION wife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alone at 89 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Campbell
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed April 10 1922 (28) W. H. Campbell 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.

Registrar

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