

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

(No. St.; Ward)
(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

No. for State Registrar Only
19750

Registration District No. 317 Registered No. 293
(For use of Local Registrar)

(2) Full Name of Child Chara Bell Perry (If child is not yet named, make supplemental report as directed)

3) BOY GIRL 4) Twin or Triplet 5) Number in order of birth 6) Are Parents Married yes 7) DATE OF BIRTH 7/22 1943
(Number Month) (Day) (Year)

FATHER.
8) FULL NAME Ben Perry
9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 (Year)
12) BIRTHPLACE Anderson S.C.
13) OCCUPATION Farmer
20 Number of children born to mother including present birth 4

MOTHER.
14) NAME BEFORE MARRIAGE Essie Black
15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Year)
18) BIRTHPLACE Greenville S.C.
19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. J. Craton
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
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19

(26) Witness
(Signature of Witness) J. J. CRATON,
when question 23 is signed by him.
(27) Filed 19

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.

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