

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 2735

Township of

Inc. Town of

City of Anderson

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

Registration District No. 3ARegistered No. 38

(For use of Local Registrar)

St. D Ward 17

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

(2) Full Name of Child Chester Marburn Alvord

(1) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
			<u>Yes</u>	<u>June 17, 1923</u>

FATHER		MOTHER	
(14) FULL NAME BEFORE MARRIAGE	<u>Fred Alonzo Alvord</u>	(14) NAME BEFORE MARRIAGE	<u>Fannie May Marburn</u>
(15) PRESENT POSTOFFICE OF FATHER	<u>Anderson SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Anderson SC</u>
(16) COLOR OR RACE	<u>W</u>	(16) COLOR OR RACE	<u>W</u>
(17) AGE AT LAST BIRTHDAY	<u>22</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>20</u> (Years)
(18) BIRTHPLACE	<u>Atlanta Ga</u>	(18) BIRTHPLACE	<u>Atlanta Ga</u>
(19) OCCUPATION	<u>Mill Operator</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>2</u>	(20) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(3) I hereby certify that I attended the birth of this child who was born at 6:28 A.M. on the date above stated.

(36) (Signature)	(37) Address of Physician or Midwife
<u>W. C. Chambers, M.D.</u>	<u>608 E. River St.</u>

(38) Name added from a supplemental report	(39) Witness (Signature of Witness necessary only when question is asked)	(40) Filled	(41) ANDERSON, S. C. Registrar

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