

(1) PLACE OF BIRTH

County of AndersonTownship of Pendleton

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87170

Registration District No. 310Registered No. 102

(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Sept 30 1922  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

Fate Block

(14) NAME BEFORE MARRIAGE

Belle Rogers

(9) PRESENT POSTOFFICE OF FATHER

Sandy Springs

(15) PRESENT POSTOFFICE OF MOTHER

Sandy Springs

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 36  
(Years)

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 35  
(Years)

(12) BIRTHPLACE

Fusion Co S C

(18) BIRTHPLACE

Anderson Co S C

(13) OCCUPATION

Farmer

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

8

(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 5 P M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. H. Quinn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 11 1922

(28)

H. W. Seawright  
Local 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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