

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of Marionor
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

No. 2810Registration District No. 3.4.7 Registered No. 14
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Type or Token <u>To be returned by the mother of Twin or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>Feb. 28, 1928</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>William Latham</u>			(10) NAME BEFORE MARRIAGE <u>Anna Jones</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Home Path, S.C.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Home Path</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>2.5</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>2.5</u> (Year)	
(16) BIRTHPLACE <u>S.C.</u>			(17) BIRTHPLACE <u>S.C.</u>	
(18) OCCUPATION <u>ried work</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Advised at 5 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. R. Connally, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Home Path, S.C.

(Given name added from a supplemental report)

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Date Feb 28, 1928 (28) James Williams
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 last month of pregnancy.

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