

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**33103**

(1) PLACE OF BIRTH  
County of Anderson  
Township of Camden  
OR  
Inc. Town of.....  
OR  
City of..... (No. .... St.; .... Ward)

Registration District No. 3.13 Registered No. 3.8  
(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 S. H. Whitaker If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 29, 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
8) FULL NAME Samuel Alexander Whitaker  
9) PRESENT POSTOFFICE OF FATHER Anderson S. C. #17  
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49  
(Years)  
12) BIRTHPLACE Anderson S. C.  
13) OCCUPATION Farmer  
20) Number of children born to mother, including present birth 11

**MOTHER.**  
14) NAME BEFORE MARRIAGE Lucenia Taylor  
15) PRESENT POSTOFFICE OF MOTHER Anderson S. C.  
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
(Years)  
18) BIRTHPLACE Anderson S.  
19) OCCUPATION Housewife  
21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. R. Pruitt (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S. C.

Given name added from a supplemental report

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

(27) Filed Oct. 31, 1922 (28) E. A. E. Hod. 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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MARGIN RESERVE FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.