

(1) PLACE OF BIRTH

County of Anderson
Township of Interville
Inc. Town of
City of

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

No. for State Registrar Only
231

Registration District No. 303

Registered No. 7
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give (No. of same instead of street and number.)
(2) Full Name of Child Martha Ann Chambers

(3) BOY OR GIRL girl (4) Twin or Triplet 1 (5) Number in order of birth 2 (6) Age yr (7) DATE OF BIRTH Jan 18 23
To be answered only in event of Twin or Triplet

FATHER

(8) FULL NAME Wm H Chambers
(9) PRESENT POST OFFICE OF FATHER Anderson
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
(12) BIRTHPLACE S.C.
(13) OCCUPATION Wm

MOTHER

(14) NAME BEFORE MARRIAGE Lorissa McCauley
(15) PRESENT POST OFFICE OF MOTHER Anderson
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
(18) BIRTHPLACE S.C.
(19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. E. ...

(24) (State whether Physician or Midwife) Physician

(25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) Therapist

Local Registrar

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