

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

47319

Township of .....

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.)

Registration District No. 3A Registered No. 10  
(For use of Local Registrar)

(2) Full Name of Child

Geo. Walter Wisp

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

(3) BOY OR GIRL?

B

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George Watta

(9) PRESENT POSTOFFICE OF FATHER

R. R. Anderson 30

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

(Years)

28

(12) BIRTHPLACE

Ridgelyfield & C

(13) OCCUPATION

John Lab

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

14

MOTHER.

(14) NAME BEFORE MARRIAGE

Pattie Thompson

(15) PRESENT POSTOFFICE OF MOTHER

same

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

(Years)

32

(18) BIRTHPLACE

Abbeville Co. S.C.

(19) OCCUPATION

Domestic

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

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Blue at 7:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. D. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D.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

191

(28)

Registrar

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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FORM NO. 2. REVISION FEBRUARY 1910. THE BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.

WHILE IN FLANKING. WITH UNFOLDING INK—THIS IS A PERMANENT RECORD.

M. R.—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 2.

N. R. McCaw, of Columbia