

Form No. 3

(1) PLACE OF BIRTH

County of Anderson Co.Township of Brookway

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

16930

Registration District No. 301 Registered No. 23
(For use of Local Registrar)(2) Full Name of Child Anderson, Franklin Jr.

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

(1) BOY OR GIRL?

Boy

(2) Twin or Triplet?

(3) Number in order of birth

(4) Are Parents Married?

Yes(5) DATE OF BIRTH June 6/17/19

(Name of Month) (Day) (Year)

FATHER

(1) FULL NAME

Albert Martin Little

(2) PRESENT POSTOFFICE OF FATHER

Anderson R.F.D. 2

(3) COLOR OR RACE

White

(4) AGE AT LAST BIRTHDAY

26
(Years)

(5) BIRTHPLACE

Brookway Town Ship

(6) OCCUPATION

Farming

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

7

MOTHER

(1) NAME BEFORE MARRIAGE

Ward Prissner

(2) PRESENT POSTOFFICE OF MOTHER

Anderson R.F.D. 2

(3) COLOR OR RACE

White

(4) AGE AT LAST BIRTHDAY

26
(Years)

(5) BIRTHPLACE

Brookway Town Ship

(6) OCCUPATION

Washing

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Anderson on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. C. Campbell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

W. B. Howard 1917
Registrar

(26) Witness

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

(27) Filed July 10 1917(28) W. C. Campbell
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.

W. R. HAYNIE, M. D.
BELTON, S. C.

This is to certify that Judson David
Trible was born June 19, 1916.

April 17, 1935.

W. R. Haynie M.D.

W. R. HAYNIE, M. D.
BELTON, S. C.

This is to certify that Judson David
Trible was born June 19, 1916.

May 15, 1935.

W. R. Haynie M.D.

Received

May 17, 1935

Martin B. Nordmark, M.D.
Asst. State Registrar