

## (1) PLACE OF BIRTH

County of AndersonTownship of 11or  
Inc. Town of 11or  
City of Anderson

(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

71208

Registration District No. 2A Registered No. 311  
(For use of Local Registrar)(2) Full Name of Child Doris Inez Craft If child is not yet named, make supplemental report as directed(3) ~~OR~~  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth 4(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH Aug 31 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Frank J. Craft(9) PRESENT  
POSTOFFICE  
OF FATHER Anderson, S.C.(10) COLOR  
OR  
RACE white (11) AGE AT LAST  
BIRTHDAY 30 (Years)(12) BIRTHPLACE  
Elbert County, Ga.(13) OCCUPATION  
Clerk(20) Number of children born to  
mother, including present birth 4

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Ethel Hobson(15) PRESENT  
POSTOFFICE  
OF MOTHER Anderson, S.C.(16) COLOR  
OR  
RACE white (17) AGE AT LAST  
BIRTHDAY 29 (Years)(18) BIRTHPLACE  
Nashua, N.H.(19) OCCUPATION  
Domestic(21) Number of children of this mother  
now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Sanders(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
M.D. Anderson, S.C.Given name added from a supplemen-  
tal report

Registrar

(26) Witness  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 191 (28) J. B. Gentry  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before  
fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. NO. 2. MARGIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.