

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. or Town of

City of Anderson (No. St.; Ward)
(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 1926
To be answered only in event of Twins or Triplets (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 Albert 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, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 191 (28) J. B. Guster 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.

Local Registrar

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MARGIN RESERVED FOR BINDING. NO. 1. IN CASE OF TWINS OR TRIPLETS, USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE CHILD PLAINLY WITH UNFADING INK. THIS IS A STANDARD PRACTICE. IN CASE OF TWINS OR TRIPLETS, USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE CHILD PLAINLY WITH UNFADING INK. THIS IS A STANDARD PRACTICE. IN CASE OF TWINS OR TRIPLETS, USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE CHILD PLAINLY WITH UNFADING INK. THIS IS A STANDARD PRACTICE.