

(1) PLACE OF BIRTH

County of AndersonTownship of RockInc. 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

84249

Registration District No. 305 Registered No. 107

(For use of Local Registrar)

(2) Full Name of Child _____ { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Nov 6 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. M. Saunders(9) PRESENT POSTOFFICE OF FATHER Durham NC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE NC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Hudgens(15) PRESENT POSTOFFICE OF MOTHER Townville SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 3 (Years)(18) BIRTHPLACE Anderson Co SC(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:15 A.M. on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. W. Williams

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

Physician Townville SC

Given name added from a supplemental report

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

(27) Filed Nov 10 1916 (28) R. H. McCloud 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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VERIFIED PLAINLY, WITH UNFADING INK—FILL IN A PERMANENT RECORD.
N. B.—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 5.

McCloud of Columbia