

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of Homesackor
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

40847

Registration District No. 307Registered No. 163

(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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 30, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. A. Huber(9) PRESENT POSTOFFICE OF FATHER Homesack(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION mill work(20) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Smith(15) PRESENT POSTOFFICE OF MOTHER Homesack(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white at 2 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. H. Hume(24) State whether Physician or Midwife (25) Address of Physician or Midwife Homesack

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) File Dec 30, 1922 (28) Jessie M. McLean 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.

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.