

(1) PLACE OF BIRTH

County of Anderson
 Township of Bradley
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

6413

Registration District No. 301Registered No. 8
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

John Deer

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? yes (7) DATE OF BIRTH March 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Deer
 (9) PRESENT POSTOFFICE OF FATHER Anderson S.C. R#8
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37
 (Years)
 (12) BIRTHPLACE And. Co. S.C.
 (13) OCCUPATION Team laborer
 (20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Spencer
 (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. R#8
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37
 (Years)
 (18) BIRTHPLACE And. Co. S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated. (Hour A. M. or P. M.)

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

Given name added from a supplemental report

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

(27) Filed April 10, 1922 (28) W. H. 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.

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