

(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. 301

Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child

John Geer

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 Geer

(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 Iron laborer

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

(20) Number of children born to mother, including present birth 11

(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. L. 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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