

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
13513

Registration District No. 3A

Registered No. 168
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; 2 Ward)

(2) Full Name of Child Joseph Andrew Cartain

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 12 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Cor Clayton Cartain

(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (Years)

(12) BIRTHPLACE Albert Co. Ga.

(13) OCCUPATION

MOTHER

(14) NAME BEFORE MARRIAGE Nellie Louina Hall

(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Years)

(18) BIRTHPLACE Albert Co. Ga.

(19) OCCUPATION Housewife

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

(21) Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Nov 12 1922 at 4:49 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. A. Crayton (24) State 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 25 is signed by mark)

(27) Filed 5-15 19 22 (28) F. B. CRAYTON (29) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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