

(1) PLACE OF BIRTH

County of Anderson
 Township of Isaiah
 or
 Inc. Town of
 or
 City of (No. St. Ward)

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

File No.—For State Registrar Only

3108

Registration District No. 316 Registered No. 7
 (For use of Local Registrar)

(2) Full Name of Child William (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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 4 22
 To be answered only in event of Twins or Triplets (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Bridges
 (9) PRESENT POSTOFFICE OF FATHER Williamston SC #2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Pansy Parnell
 (15) PRESENT POSTOFFICE OF MOTHER Williamston SC #2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (20) Number of children of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. O'Leary

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Liberty SC.

Given name added from a supplemental report?

(26) Witness

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

(27) Filed 3/10

19

(28) W. L. Casey

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WHEN PLACING THIS CERTIFICATE IN A REGISTER, BE SURE TO WRITE IN FULL THE NAME OF THE CHILD, THE DATE OF BIRTH, THE PLACE OF BIRTH, THE NAME OF THE FATHER, THE NAME OF THE MOTHER, THE SEX OF THE CHILD, THE COLOR OR RACE OF THE CHILD, THE AGE AT LAST BIRTHDAY OF THE FATHER, THE AGE AT LAST BIRTHDAY OF THE MOTHER, THE BIRTHPLACE OF THE FATHER, THE BIRTHPLACE OF THE MOTHER, THE OCCUPATION OF THE FATHER, THE OCCUPATION OF THE MOTHER, THE NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING, INCLUDING PRESENT BIRTH, THE DATE OF BIRTH, THE NAME OF THE CHILD, THE NAME OF THE FATHER, THE NAME OF THE MOTHER, THE SEX OF THE CHILD, THE COLOR OR RACE OF THE CHILD, THE AGE AT LAST BIRTHDAY OF THE FATHER, THE AGE AT LAST BIRTHDAY OF THE MOTHER, THE BIRTHPLACE OF THE FATHER, THE BIRTHPLACE OF THE MOTHER, THE OCCUPATION OF THE FATHER, THE OCCUPATION OF THE MOTHER, THE NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING, INCLUDING PRESENT BIRTH.