

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Veranda
 or
 In 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

12891

Registration District No. 312 Registered North 5
 (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 Hubert Esser If child is not yet named, make supplemental report as directed

(3) SEX OR GUILD Boy (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH May 8, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Esser
 (9) PRESENT POSTOFFICE OF FATHER Anderson SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35 (Year)
 (12) BIRTHPLACE And-C
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Whitfield
 (15) PRESENT POSTOFFICE OF MOTHER Anderson SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Year)
 (18) BIRTHPLACE Anderson
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Annie Jones
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report

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

(26) Filed July 22, 1923 E. A. Elrod 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.