

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

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

CERTIFICATE OF BIRTH

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

No. for State Registrar

38436

Registration District No. 3ARegistered No. 413
(For use of Local Registrar)(2) Full Name of Child Bertha Mae Nash

If child is not yet named, give supplemental report as follows

(3) SEX OF CHILD GIRL (4) Type or Triplet To be answered only in case of Twins or Triplets (5) Age, Sex, Marital yes (6) DATE OF BIRTH Dec 31 (7) (Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Edith S. Smith & John(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Year)(12) BIRTHPLACE Patuxent Co. Md.(13) OCCUPATION Cotton mill Operative(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Lee Rhine(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Year)(18) BIRTHPLACE Town Co. Ga.(19) OCCUPATION Comester(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wade Thompson (24) State whether Physician or Midwife (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 parent)

(27) Filed (28) ANDERSON, S.C. 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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