

(1) PLACE OF BIRTH

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

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

Registration District No. 811

No. 280 — For State Registrar Only

Registered No. 1
(For use of Local Registrar)

St. Ward)

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

(2) Full Name of Child Arsely I. Banks

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

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Jan 20, 23
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Jesse Banks

(9) PRESENT POSTOFFICE OF FATHER Star, S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27 (Year)

(12) BIRTHPLACE Lincoln Co. Ga.

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Corie Brewer

(15) PRESENT POSTOFFICE OF MOTHER Star, S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 40 (Year)

(18) BIRTHPLACE Anderson Co.

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 9 (21) 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 born alive at 6 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mary Banks (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Star, S.C.

Given name added from a supplemental report

(26) Witness L. A. Lott (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 21, 1923 (28) L. A. Lott 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 stillborn before the fifth month of pregnancy.