

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of

(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

File No. — For State Registrar Only

71206

Registration District No. 3A Registered No. 307
(For use of Local Registrar)

(2) Full Name of Child Godfrey V. Astie English } If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 16, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Waymon English

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Charleeville Ga.

(13) OCCUPATION mill operative

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Lyles

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Charleeville, Ga.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. S. Sanders, Jr. M.D.

(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 mark)

(27) Filed 7-26 1916. (28) J. M. Clayton 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.

Registrar

Local Registrar

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WHEN PLACING THIS LABEL IN THE BINDER, BE CAREFUL TO PLACE IT IN THE CORRECT POSITION. THE LABELS ARE TO BE PLACED IN THE BINDER IN THE ORDER SHOWN ON THE ATTACHED SHEET. THE LABELS ARE TO BE PLACED IN THE BINDER IN THE ORDER SHOWN ON THE ATTACHED SHEET.