

(1) PLACE OF BIRTH

County of AndersonTownship of 11or
Inc. Town of 11or
City of 11

(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 Charlottesville Va.(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 Charlottesville, Va.(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 5-9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Sellers Jr. D.O.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

191

Registrar

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

(27) Filed 7-26 1916 (28) J. S. Sellers Jr. 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

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MARGIN RESERVED FOR BINDING.

WHITE PLAINED WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Incise or cut along the lines shown in the separate blank for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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