

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of

City of East of City - W. V. Mill St.; Ward)
(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

71199

(2) Full Name of Child Francis Jay

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 3A (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 20 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abel Day

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE W.C.

(13) OCCUPATION Mill Op.

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lily Edson

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE R.F.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Anderson 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. [Signature]

(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 191 (28) [Signature] 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.

Local Registrar

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MAILED WITH UNPAID INK—THIS IS A PERMANENT RECORD
PLEASE USE OF TWINS OR TRIPLETS AND A SEPARATE BLANK FORM FOR EACH CHILD AND MARK
FIRST-BORN IN THE OFFICE, NO. 2, 24, IN QUESTION 1.
Mechanics of Columbia