CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
28762

(1) PLACE OF BIRTH
County of Anderson
Township of Brushy Creek
or
Inc. Town of ..... Registration District No. 302 Registered No. 94 (For use of Local Reistrar)
or
City of ..... (No. ..... 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. John Thomas Childers. { 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 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Sept. (Name of Month) 5 (Day) 1922 (Year)
To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Allen Childers	(14) NAME BEFORE MARRIAGE	Launa Bridges
(9) PRESENT POSTOFFICE OF FATHER	Greenville SC R#7	(15) PRESENT POSTOFFICE OF MOTHER	Greenville R#7
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	39	(17) AGE AT LAST BIRTHDAY (Years)	31
(12) BIRTHPLACE	Anderson SC	(18) BIRTHPLACE	Anderson SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	House Keeper
(20) Number of children born to mother, including present birth	One	(21) Number of children of this mother now living, including present birth	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 a M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. O. Rosamond M.D.

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Easley SC R#3

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 Oct 3 1922 (28) J. R. Watson 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.