

(1) PLACE OF BIRTH

County of AndersonTownship of 1or
Inc. Town of 1or
City of 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3 A

File No.—For State Registrar Only

24612Registered No. 294
(For use of Local Registrar)

(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 Nancy Joe Ensey

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

1. Girl

3. Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Aug. 14, 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

2. FULL NAME

3. PRESENT POSTOFFICE OF FATHER

4. COLOR OR RACE

5. BIRTHPLACE

6. OCCUPATION

7. Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(2) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John Anderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

T. B. CRAYTON,(27) Filed 19

(28)

ANDERSON, S. C.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.

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