

(1) PLACE OF BIRTH

County of Anderson

Township of Windsor

or
Inc. Town of

or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 215

File No.—For State Registrar Only

0707

Registered No. 24
(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

Jane Breyboy

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH 3 26 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henderson Breyboy

(9) PRESENT POSTOFFICE OF FATHER

Windsor

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE

Anderson County

(13) OCCUPATION

farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Winnie Rudy

(15) PRESENT POSTOFFICE OF MOTHER

Windsor

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

farm hand

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

James H. Herring
(Signature of Witness, necessary only when question 23 is signed by mark)

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Registrar

(27) File

May 9 1922 (28) O. L. Buehler
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.