

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Anderson STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Centerville State Board of Health

File No.—For State Registrar Only

28764

Inc. Town of Registration District No. 303 Registered No. 576
 or (For use of Local Registrar)
 City of Anderson (No. 1124 St.; Lee Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alma Louise Hubbard If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 1 1927
 (Name of Month) (Day) (Year)
 to be answered only in case of twins or triplets

FATHER.

(8) FULL NAME Escoe Hubbard

(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Ga

(13) OCCUPATION insurance agent

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Chastain

(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Ga

(19) OCCUPATION house wife

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5-P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. B. Anderson

(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 22 is signed by mark)

(27) Filed 191 (28) I. C. GRAYTON 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.