

File No.—For State Registrar Only

County of Anderson

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

28716

Township of

Registration District No. 71 ...

Registered No. 300
(For use of Local Registrar)

or
Inc. Town of.....

70

(No. St.; Ward)

City of San Francisco (No. 1000)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Eamon Walsh If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>BOY</i>	(4) Twin or Triplet? <i>0</i> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Sept 18 1933</i> (Name or Month) (Day) (Year)
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FATHER		MOTHER.	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

FATHER. 1. C. Roach (14) NAME BEFORE MARRIAGE Ada Roach

9) PRESENT POSTOFFICE *J. C. ...*

(15) PRESENT POSTOFFICE OF MOTHER *Anderson A. C.*

(10) COLOR OR Blue (11) AGE AT LAST BIRTHDAY 29

RACE White (Years) 1
 (12) BIRTHPLACE Illinois

<p>13) OCCUPATION</p>	<p>18) OCCUPATION</p>
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mill operator	Domestic
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20) Number of children born to mother, including present birth 1 2 (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 _____ (Born alive or stillborn) (Hour _____ M. or P. M.)
on the date above stated.

(23) (Signature) J. J. J. J. J. (25) Address of Physician or Midwife _____

(24) State where _____

Given name added from a supplement
al report

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

(27) Filed 19 (28) **F. B. CRAYTON,**
Local Registrar.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should report. No report is desired or submitted.

If a child breathes even once, it must not be reported as stillborn. No report before the fifth month of pregnancy.

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.
