

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Anderson (No. 20 St.; 6 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6362

Registration District No. 31 Registered No. 93

(For use of Local Registrar)

(2) Full Name of Child Mildred Louise Hoover 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?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Bert Hoover

(9) PRESENT POSTOFFICE OF FATHER

Anderson

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

37 (Years)

(12) BIRTHPLACE

Orangeburg S.C.

(13) OCCUPATION

Mill Operator

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

15

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Booth

(15) PRESENT POSTOFFICE OF MOTHER

Anderson

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

32 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 3:24 1922 (28) F. B. CRAYTON 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.

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