

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson SC

Township of 11

or

Inc. Town of 11

or

City of 11

(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

20808

Registration District No. 3A

Registered No. 233  
(For use of Local Registrar)

(2) Full Name of Child Madge Eisman

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 Twins or Triplets

(5) Number in order of birth -

(6) Are Parents Married? yes

(7) DATE OF BIRTH

July 11 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. M. Eisman

(9) PRESENT POSTOFFICE OF FATHER Anderson SC

(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 35  
(Year)

(12) BIRTHPLACE Anderson Trenton SC

(13) OCCUPATION merchant

MOTHER.

(14) NAME BEFORE MARRIAGE Sam Boleman

(15) PRESENT POSTOFFICE OF MOTHER Anderson SC

(16) COLOR OR RACE w. (17) AGE AT LAST BIRTHDAY 32  
(Year)

(18) BIRTHPLACE Greenwood SC

(19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 1 7

(21) Number of children of this mother now living, including present birth 1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna H. Young M.D.

(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 mark)

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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