

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Anderson

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

File No. — For State Registrar Only  
236

Township of New Path

Inc. Town of ..... Registration District No. 207 Registered No. 9  
(For use of Local Registrar)

City of ..... (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. .... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 1-2-20  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Charles Henry Brock  
(9) PRESENT POSTOFFICE OF FATHER Home Path SC  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Aiken County  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 4

MOTHER.  
(15) NAME BEFORE MARRIAGE Lola Lee Ridgway  
(16) PRESENT POSTOFFICE OF MOTHER Home Path SC  
(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 27 (Years)  
(19) BIRTHPLACE Greenville Co.  
(20) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(22) I hereby certify that I attended the birth of this child, who was Aline at 10:05 P.M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) J. B. Williams  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife M.D. Home Path SC

Given name added from a supplemental report  
101  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 11 1920 (28) L. Williams 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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FORM NO. 1. MAINLY RESERVED FOR BINDING. THESE PLACES, WHEN FILLING IN, ARE IN A PERMANENT POSITION. IT IS THE DUTY OF THE REGISTRAR TO SEE THAT THESE PLACES ARE NOT FILLING IN.