

THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECHANICAL COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens  
Township of Easley  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5437

Registration District No. 3702 Registered No. 2  
(For use of Local Registrar)

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

(2) Full Name of Child Helen Francis Anthony 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH FEB 15 1922  
(Specify Month) (Day) (Year)

FATHER.

(8) FULL NAME John J. Anthony  
(9) PRESENT POSTOFFICE OF FATHER Easley R# 1  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40  
(12) BIRTHPLACE Pickens  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Olive J. Hendrick  
(15) PRESENT POSTOFFICE OF MOTHER Easley R# 1  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36  
(18) BIRTHPLACE Pickens  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. on the date above stated. (Born alive or stillborn) (Hour, M., or P.M.)

(23) (Signature) Tom Crisp, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Easley, S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) E. W. Wyatt

(27) Filed Feb 15 1922 (28) E. W. Wyatt 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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