

(1) PLACE OF BIRTH

County of AndersonTownship of "or
Inc. Town of "or
City of "

(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

9161

Registration District No. 3A Registered No. 99

(For use of Local Registrar)

(No. E. 1st St St.) (Ward)(2) Full Name of Child Margaret Carol Prince If child is not yet named, make supplemental report as directed

(3) SEX OR SEX <u>girl</u>	(4) Twin or Triplet <u>/</u> To be covered only in event of Twin or Triplet	(5) Number in order of birth <u>/</u>	(6) Age Parental <u>yo</u>	(7) DATE OF BIRTH <u>Jan 6</u> 19 <u>23</u> (Name of Month) (Day) (Year)
-------------------------------	---	--	-------------------------------	--

FATHER

(8) FULL
NAME Lewis Prince(9) PRESENT
POSTOFFICE
OF FATHER Anderson SC(10) COLOR
OR
RACE W (11) AGE AT LAST
BIRTHDAY 22
(Years)(12) BIRTHPLACE And. Co(13) OCCUPATION
Sulcanizing(14) Number of children born to
mother, including present birth 1

MOTHER

(14) NAME BEFORE
MARRIAGE Myrtle Harbin(15) PRESENT
POSTOFFICE
OF MOTHER Anderson SC(16) COLOR
OR
RACE W (17) AGE AT LAST
BIRTHDAY 20
(Years)(18) BIRTHPLACE And. Co.(19) OCCUPATION
domestic(20) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M.
on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(22) (Signature) A. J. Young M.D.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-
tal report

(25) Witness

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

I. B. CRAYTON

(26) Filed

19

(27)

19
Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make a report. If a child breathes even once, it must not be reported as stillborn. No report is desired of before the fifth month of pregnancy.

When there was no attending physician or midwife, then the father, householder, etc., should make a report. If a child breathes even once, it must not be reported as stillborn. No report is desired of before the fifth month of pregnancy.