

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40714

County of Anderson.....

Township of

OR

Inc. Town of Anderson....

OR

City of Anderson.....Registration District No. 3-7Registered No.
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number) (No. Anderson Co. Hospital St.; Ward)(2) Full Name of Child Thos H. Farney Jr.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL
Male

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH 9-7-22 19....
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thos H. Farney

(9) PRESENT POSTOFFICE OF FATHER

Anderson, S. C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

Phila., Pa.

(13) OCCUPATION

Accountant

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

ONE

MOTHER.

(14) NAME BEFORE MARRIAGE

Katharine A. Lemeyer

(15) PRESENT POSTOFFICE OF MOTHER

Anderson, S. C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Emporia, Kansas

(19) OCCUPATION

Housewife

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Anne Aronson 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)

(27) Filed 19 (28) 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.

MARGIN RESEI "D FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

McGraw of COLUMBIA, S. C.