

MARGIN RESERVED FOR BINDING.
WHITE 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 6.

(1) PLACE OF BIRTH

County of Anderson
Township of Savannah
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

3088

Registration District No. 311

Registered No. 18
(For use of Local Registrar)

(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 Nancy Estreek (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 70 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 18, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME West Harris
(9) PRESENT POSTOFFICE OF FATHER Anderson Co. 5
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Year)
(12) BIRTHPLACE Anderson Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Estreek
(15) PRESENT POSTOFFICE OF MOTHER Anderson Co. 5
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE Anderson Co
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 10 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Deed
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anderson Co. 5

Given name added from a supplemental report

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

(27) Filed Mar. 9, 22 (28) L. A. Todd 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.