

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

Inc. Town of AndersonCity of Anderson

(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

No. 12-123456789  
2745(2) Full Name of Child Erudya Larina Fouché

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 2nd(6) Are Parents Married? yes(7) DATE OF BIRTH January 14 1923

## FATHER.

(8) FULL NAME John M. Fouché(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Full Operative(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Williams(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on Jan 14 1923 at Anderson, S.C. on the date above stated.(22) SIGNATURE [Signature] (23) ADDRESS Anderson, S.C.

When there was no attending physician or midwife, the report

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