

(1) PLACE OF BIRTH

County of Anderson.....Township of
orInc. Town of.....
orCity 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

File No.—For State Registrar Only

40754

Registration District No. 3A..... Registered No. 472.....
(For use of Local Registrar)City of Anderson..... (No. 21 E. St. Anderson mill..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Laurance Alldred..... If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 1, 1922
(Name of Month) (Day) (Year)(8) FULL NAME James L. Alldred FATHER. (14) NAME BEFORE MARRIAGE Lela Blackelder MOTHER.(9) PRESENT POSTOFFICE OF FATHER Anderson. #21 E. St. (15) PRESENT POSTOFFICE OF MOTHER Anderson. #21 E. St.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30
(Years) (Years)(12) BIRTHPLACE Laureaster Co. (18) BIRTHPLACE N. C.(13) OCCUPATION mill operator (19) OCCUPATION domestic(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) ac young 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)

F. B. CRAYTON,

(27) Filed.....19..... (28) Local Registrar.

ANDERSON

*When there was no attending physician or midwife, then the father, householder, etc., must 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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