

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of AndersonCity of Anderson

(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 Refus Henry Gairus

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 3(6) Are Parents Married? yes(7) DATE OF BIRTH July 29, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Refus Henry Gairus(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 35

(Years)

(12) BIRTHPLACE Anderson Co.(13) OCCUPATION assistant Postmaster(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 3

MOTHER.

(15) NAME BEFORE MARRIAGE Ruth Gairus(16) PRESENT POSTOFFICE OF MOTHER Anderson(17) COLOR OR RACE white(18) AGE AT LAST BIRTHDAY 35

(Years)

(19) BIRTHPLACE Belton(20) OCCUPATION housewife(21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 M.

on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. G. Gairus(24) State South Carolina Physician or Midwife(25) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report:

(26) Witness

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

(27) Filed 10 (28) F. B. CRAYTON

Local Registrar.

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

If a child breathes even once, it must be reported as stillborn. No report is desired before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28665

Registration District No. 3ARegistered No. 367

(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 Refus Henry Gairus

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 3(6) Are Parents Married? yes(7) DATE OF BIRTH July 29, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Refus Henry Gairus(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 35

(Years)

(12) BIRTHPLACE Anderson Co.(13) OCCUPATION assistant Postmaster(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 3

MOTHER.

(15) NAME BEFORE MARRIAGE Ruth Gairus(16) PRESENT POSTOFFICE OF MOTHER Anderson(17) COLOR OR RACE white(18) AGE AT LAST BIRTHDAY 35

(Years)

(19) BIRTHPLACE Belton(20) OCCUPATION housewife(21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 M.

on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. G. Gairus(24) State South Carolina Physician or Midwife(25) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report:

(26) Witness

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

(27) Filed 10 (28) F. B. CRAYTON

Local Registrar.

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

If a child breathes even once, it must be reported as stillborn. No report is desired before the fifth month of pregnancy.