

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of Homer Path

City of

(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 HealthNo. 2810Registration District No. 307 Registered No. 17
(For use of Local Registrar)(2) Full Name of Child H. P. ... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Type or Triple <u>Is in normal order of birth</u>	(5) Number in order of birth <u>1</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>Feb 27 1923</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>Al. Saxon</u>				(14) NAME BEFORE MARRIAGE <u>Lola M. Donald</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Homer Path S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Homer Path S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>4 1/2</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>S. C.</u>	(13) OCCUPATION <u>Mill work</u>	(17) AGE AT LAST BIRTHDAY <u>4 1/2</u> (Years)		
(18) BIRTHPLACE <u>S. C.</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1 (Chas. ...)</u>		(21) Number of children of this mother now living, including present birth <u>1 (Eight)</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 9:30 AM.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. R. Donald

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Homer Path S.C.

(Given name added from a supplemental report)

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Signed Feb 28 1923 (28) James Walling
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.

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