

## (1) PLACE OF BIRTH

County of AndersonTownship of "

OR

Inc. Town of "

OR

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 Health

File No.—For State Registrar Only

20810

Registration District No. 3ARegistered No. 235

(For use of Local Registrar)

(No. E. Carr St St.; ..... Ward)(2) Full Name of Child Alice Louise

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 — 6) Are Parents Married? yes 7) DATE OF BIRTH July 13 1922  
 (Same of Month) (Day) (Year)

## FATHER.

8) FULL NAME Mack Davis9) PRESENT POSTOFFICE OF FATHER Anderson SC10) COLOR OR RACE col. 11) AGE AT LAST BIRTHDAY 30 (Years)12) BIRTHPLACE Anderson Co13) OCCUPATION works in printing office20) Number of children born to mother, including present birth 7

## MOTHER.

14) NAME BEFORE MARRIAGE Nora Henderson15) PRESENT POSTOFFICE OF MOTHER Anderson SC16) COLOR OR RACE col. 17) AGE AT LAST BIRTHDAY 25 (Years)18) BIRTHPLACE Anderson Co.19) OCCUPATION cook21) 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 10 a.m. on the date above stated. (Born alive or stillborn. Hour \* M. or P. M.)(23) (Signature) Anne Agency Mh.

(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)

(27) Filed July 18 1922 (28) ANDERSON S.C.

\*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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