

## IN PRASE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. 31536

31536

County of Anderson

Township of .....

City of AndersonCity of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 31Registered No. 413

(For use of Local Registrar)

(2) Full Name of Child Mae Ruth

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

(1) SEX GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Richard Smith</u>			(14) NAME BEFORE MARRIAGE <u>Maudie Griffin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Anderson</u>			(18) BIRTHPLACE <u>Russell Co</u>	
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as live (Near A. M. or P. M.) on the date above stated.(23) (Signature) J. P. Anderson

(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 22 is signed)

B. CRAYTON

(27) Filed

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(28)

ANDERSON

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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