

(1) PLACE OF BIRTH

County of AndersonTownship of Brushy Creek

or

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

28751

Registration District No. 302Registered No. 84

(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 William Larent (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 Sept 6 1932

To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME Henry Larent(9) PRESENT POSTOFFICE OF FATHER Eastly SC #4(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Anderson SC(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Oliver(15) PRESENT POSTOFFICE OF MOTHER Eastly SC #4(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Anderson SC(19) OCCUPATION Farming(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 born alive at 9 A.M. on the date above stated. (born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Matilda H. Hester(24) (Signature) Eastly SC #4

Given name added from a supplemental report

When there was no physician or midwife present, the birth should be reported to the State Board of Health by the mother or father.