

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of .....

or

City of Anderson Hospital

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

(2) Full Name of Child Francis M. Mear

File No. — For State Registrar Only

28652

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 34Registered No. 355

(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR GIRL

(4) Twin or Triplet? no

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 9, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Robert Mear

(9) PRESENT POSTOFFICE OF FATHER

Anderson College St.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28  
(Years)

(12) BIRTHPLACE

Harrisburg Pa

(13) OCCUPATION

Architectural Designer

(20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ann Mear

(15) PRESENT POSTOFFICE OF MOTHER

Anderson College St.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

India Pa.

(19) OCCUPATION

sewer pipe

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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

June 19, 1922

(28)

F. B. CRAYTON,

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.

If a child breathes even once, it must not be reported as stillborn. No report is desired of abortions before the fifth month of pregnancy.