

(1) PLACE OF BIRTH

County of Anderson

Township of Anderson

or Inc. Town of

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

43379

Registration District No. 3003 Registered No. 103
(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 18</u> 19 <u>22</u> (Name of Month) (Day) (Year)
------------------	---	---------------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME W. H. H. H. H.

(9) PRESENT POSTOFFICE OF FATHER 1054

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 60 (Years)

(12) BIRTHPLACE Anderson

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Martin

(15) PRESENT POSTOFFICE OF MOTHER 1054

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Anderson

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. H. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 123456

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 20 1922 (28) Mrs. J. H. H. 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.