

(1) PLACE OF BIRTH

County of AndersonTownship of MartinOR
Inc. Town ofOR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40869

Registration District No. 309 Registered No. 103

(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

Lizbeth

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 Dec 29 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clyde(9) PRESENT POSTOFFICE OF FATHER Anderson R#8(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Anderson(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Berta Boyman(15) PRESENT POSTOFFICE OF MOTHER Anderson R#8(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Anderson(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amanda(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anderson R#8

Given name added from a supplemental report

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

(27) Filed Jan 8 1923 (28) R. P. Robinson 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.

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