

(1) PLACE OF BIRTH

County of Anderson

Township of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71203

Registration District No. 04Registered No. 303
(For use of Local Registrar)

St.: Ward)

(2) Full Name of Child

Robert Williams

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

(3) BOY OR

Girl

(4) Twin

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH

(Name or Month) (Day) (Year)

MOTHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) G. B. Tamm

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

, 191...

Registrar

(26) Witness

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

(27) Filed 191...

(28)

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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