

Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71118

(1) PLACE OF BIRTH

County of AndersonTownship of AndersonInc. Town of AndersonCity of Anderson(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 Lena Bertalan

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 May, 6, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William John(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 3
(Years)(12) BIRTHPLACE Scot(13) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Geneva Hall(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 1
(Years)(18) BIRTHPLACE Scot(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 9 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. L. Lyle(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

(26) Witness A. L. Lyle

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

(27) Filed May 19, 1916(28) Anderson

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.

MARGIN RESERVED FOR FINDING

WITH UNFADING INK—THIS IS A PERMANENT RECORD.

IF BORN AS TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK IT

FIRST-BORN, NO. 1; THE OTHER, NO. 2, ETC., IN QUESTION 5.

State of Columbia