

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of Andersonor  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40759

Registration District No. 34Registered No. 4987

(For use of Local Registrar)

(No. 27 ..... 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 Wm. Jas. Ansell Price

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

(3) BOY OR GIRL X

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Nov. 14, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William H. Price(9) PRESENT POSTOFFICE OF FATHER Anderson Co.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION Cotton mill(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Shiplett(15) PRESENT POSTOFFICE OF MOTHER Anderson Co.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Wart Co. Ia.(19) OCCUPATION homemaker(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 alive at 5:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. A. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

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

(27) Filed ..... 19 ..... (28) F. B. CRAYTON Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., must report 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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