

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH

County of AndersonTownship of "or
Inc. Town of "City of "

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

(2) Full Name of Child Lathin Victoria Hedden

File No.—For State Registrar Only

5740

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 34Registered No. 88
(For use of Local Registrar)St.; 6 Ward)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>-</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 28, 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Evelyn Hedden(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Georgia(13) OCCUPATION Mill, hand(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Chas Reynolds(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:07 P.
on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) J. B. Bragerton(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Anderson, SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) J. B. Bragerton(27) Filed 19 (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.