

(1) PLACE OF BIRTH

County of AndersonTownship of "or
Inc. Town of "
or "City of " (No. " St.; " Ward)
(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

71205

Registration District No. 3A Registered No. 303-
(For use of Local Registrar)(2) Full Name of Child Opheelia Childs { If child is not yet named, make supplemental report as directed(3) ~~BOY~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth 7(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Aug 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME W E Childs(9) PRESENT
POSTOFFICE
OF FATHER Orville
2 Lyon St(10) COLOR
OR
RACE white (11) AGE AT LAST
BIRTHDAY 35
(Years)(12) BIRTHPLACE
Elbert Co. - Ga.(13) OCCUPATION
operator(20) Number of children born to
mother, including present birth 6

MOTHER.

(14) NAME BEFORE
MARRIAGE Lida Presley(15) PRESENT
POSTOFFICE
OF MOTHER Orville S.D.(16) COLOR
OR
RACE white (17) AGE AT LAST
BIRTHDAY 37
(Years)(18) BIRTHPLACE
Anderson Co.(19) OCCUPATION
Housewife(21) Number of children of this mother
now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 a M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) M. D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.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) Filled 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.

Local Registrar

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