

(1) PLACE OF BIRTH

County of AndersonTownship of S. N. Andersonor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 311

File No.—For State Registrar Only

6476Registered No. 24
(For use of Local Registrar)(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 Mary Ruth Humphrey (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Mar 6 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bob Jackson(9) PRESENT POSTOFFICE OF FATHER Star S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 33
(Year)(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Kettie Mack Humphrey(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17
(Year)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION Farmer(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 born alive at 3 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. Mary Reed(23) (Signature) Mary Reed(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed Apr 8 1922 (28) L. A. Todd 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.