

## (1) PLACE OF BIRTH

County of AndersonTownship of Barnwell

Inc. Town of .....

City of Anderson

(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

No. 177 — For this Register OnlyRegistration District No. 3A Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child Mary Nell Hawthorn (If child is not yet named, make supplemental report as directed)

(3) SEX F	(4) Type or Tissue To be covered only in case of Twin or Triplets	(5) Number in order of birth	(6) Age in years months days <u>0</u> <u>0</u> <u>0</u>	(7) DATE OF BIRTH <u>Jan 24 1923</u> (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME W H Hawthorn(9) PRESENT RESIDENCE OF FATHER Anderson(10) COLOR W (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Ga(13) OCCUPATION Barber(14) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Marette(15) PRESENT RESIDENCE OF MOTHER Anderson(16) COLOR W (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Ga(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ..... at 11:15 M. on the date above stated. (Each child or stillborn) (Hour-day or P. M.)(22) (Signature) H. S. Melcher, M.D.(23) State whether "Physician or Midwife" (24) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed "Physician")

(26) State 11:15 (27) ANDERSON, S.C.

\*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.

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