

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

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

File No.—For State Registrar Only

19748

Registration District No. 3HRegistered No. 232

(For use of Local Registrar)

(2) Full Name of Child Donnelly Lee Prichett (If child is not yet named, make supplemental report as directed)

(1) SEX <u>GIRL?</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>July 18 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME

William E Prichett

(9) PRESENT POSTOFFICE OF FATHER

Dart M

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 4

(Years)

(12) BIRTHPLACE

Ga

(13) OCCUPATION

Millwright

(14) Number of children born to mother, including present birth

One

MOTHER.

(15) NAME BEFORE MARRIAGE

Lena Hays

(16) PRESENT POSTOFFICE OF MOTHER

Anderson

(17) COLOR OR RACE

White(18) AGE AT LAST BIRTHDAY 32

(Years)

(19) BIRTHPLACE

Ga

(20) OCCUPATION

Housewife

(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 born at 9 05 M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. B. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Name added from a supplemental report

183

Registrar

(27) Witness

(Signature of Witness necessary only when question 22 is signed by a physician or midwife)

BRAYTON,(28) 187(29) ANDERSON, S. C.
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.

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