

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 258 — For State Registrar

(1) PLACE OF BIRTH
 County of Anderson
 Township of Pendleton
 or
 Inc. Town of.....
 or
 City of.....

Registration District No. 516 Registered No. 1
 (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, James

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

(3) SEX OF CHILD Boy (4) Type of Birth To be reported in case of Twin or Triplet (5) Number in order of birth 1 (6) Age of Mother 27 (7) DATE OF BIRTH Sept. 27
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Enterberg, Fred
 (9) PRESENT POSTOFFICE OF FATHER Pendleton, S.C.
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Germany
 (13) OCCUPATION Antenn S.C.
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Amie Bernhardt
 (15) PRESENT POSTOFFICE OF MOTHER Pendleton, S.C.
 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Germany
 (19) OCCUPATION Antenn S.C.
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at Anderson, S.C.
 on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.)

(22) (Signature) Martha Jean Smith
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Pendleton, S.C.
 (Given name added from a supplemental report)

(25) Witness Local Registrar
 (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed Feb. 10, 1925 (27) N.H. Smith Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

Form 10-1-25, State of South Carolina, Columbia, S. C.