

(1) PLACE OF BIRTH

County of Anderson
 Township of Ball
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13610

Registration District No. 306Registered No. 54

(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

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

3) BOY OR GIRL

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH

(Named Month) (Day) (Year)

FATHER

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

20) Number of children born to mother, including present birth

MOTHER

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

18) BIRTHPLACE

19) OCCUPATION

21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) June 4, 1911

(28) S. M. McAdams

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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