

File No.—For State Registrar Only

County of Orangeburg

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

4709

Township of St. Lawrence.....

Registration District No. _____

Registered No.
(For use of Local Registrar)

Inc. Town of.....

City of

(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 Anthony Golden

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 12 23</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

9. FULL NAME **FATHER.** Harry Elder

(14) NAME BEFORE MARRIAGE Simmie Darbey

PRESENT POST OFFICE OF FATHER *John S. C.*

(18) PRESENT POSTOFFICE OF MOTHER Orlando S.C.

(18) COLOR OR RACE (19) AGE AT LAST BIRTHDAY 26
(Years)

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE South Carolina

16. BIRTHPLACE
South Carolina

13) OCCUPATION
C. C. Taylor

(10) OCCUPATION
Housework

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

(21) Number of children of this mother
now living, including present birth 6

PHYSICIAN OR MIDWIFE: 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(28) (Signature) _____

(24) State whether Physician or Midwife

(Given name added from a supplement-
tal report)

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

(27) Filed 3-1 1942 (28) 111 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.