

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 1.—For this purpose only	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		30987	
Township of <u>Pendleton</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>310</u>		Registered No. <u>99</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St. .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Robert Karl</u>					
If child is not yet named, make supplemental report as directed					
(3) SEX OF CHILD <u>Boy</u>	(4) Type of Infant <u>In hospital or in care of Father or Mother</u>	(5) Number in order of birth <u>1</u>	(6) Date of Birth <u>Aug 23</u>		
FATHER			MOTHER		
(7) NAME <u>Robert Karl</u>			(7) NAME <u>Unice Brock</u>		
(8) RESIDENT ADDRESS OF FATHER <u>Pendleton, S.C.</u>			(8) RESIDENT ADDRESS OF MOTHER <u>Pendleton, S.C.</u>		
(9) COLOR <u>Cal</u> (11) AGE AT LAST BIRTHDAY <u>17</u>			(9) COLOR <u>Cal</u> (11) AGE AT LAST BIRTHDAY <u>17</u>		
(10) OCCUPATION <u>Anderson Co.</u>			(10) OCCUPATION <u>Domestic</u>		
(12) Number of children born to mother, including present birth <u>One</u>			(12) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(13) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)					
(14) (Signature) <u>Jessie Hall</u>					
(15) State whether Physician or Midwife <u>Midwife</u>					
(16) Address of Physician or Midwife <u>Pendleton</u>					
Given name added from a supplemental report					
(17) Witness (Signature of Witness necessary only when question 13 is signed by mark)					
(18) Signed <u>1.2.23</u> (19) <u>W. H. Laurigh</u> 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.