

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bertrude PenlandFile No.—For State Registrar Only
20785Registration District No. 34 Registered No. 213
(For use of Local Registrar)3) ~~MALE~~
GIRL?4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? yes(7) DATE OF
BIRTH May 4, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Ira Penland(9) PRESENT
POSTOFFICE
OF FATHER Anderson, D.C.(10) COLOR
OR
RACE white (11) AGE AT LAST
BIRTHDAY 24
(Years)

(12) BIRTHPLACE

macon co - N. C.

(13) OCCUPATION

mill operator(20) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE maude Cabe(15) PRESENT
POSTOFFICE
OF MOTHER Anderson, D.C.(16) COLOR
OR
RACE white (17) AGE AT LAST
BIRTHDAY 26
(Years)

(18) BIRTHPLACE

macon co - N. C.

(19) OCCUPATION

Domestic(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 alive at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) JOE SUMMERS

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 6/10/22 (28) ANDERSON, S. C.
Registrar 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.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.