

(1) PLACE OF BIRTH

County of Anderson  
Township of .....  
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  
**20785**

Registration District No. 34 Registered No. 213  
(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 Bertrude Penland (If child is not yet named, make supplemental report as directed)

3) ~~BOY~~ GIRL?  4) Twin or Triplet?  5) Number in order of birth  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 27 (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) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) RAYTON  
(27) Filed 6/10/22 (28) ANDERSON, S. C. 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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MCCRAW OF COLUMBIA, COLUMBIA, S. C.