

## (1) PLACE OF BIRTH

County of AndersonTownship of Andersonor  
Inc. Town of Andersonor  
City of Anderson

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24193

Registration District No 42A4 Registered No. 46

(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 William J. ... { If child is not yet named, make supplemental report as directed

3. 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>June 10, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8. FULL NAME <u>William J. ...</u>	14. NAME BEFORE MARRIAGE <u>William J. ...</u>	9. PRESENT POSTOFFICE OF FATHER <u>Anderson, S.C.</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Anderson, S.C.</u>
10. COLOR OR RACE <u>Caucasian</u>	11. AGE AT LAST BIRTHDAY <u>21</u> (Years)	16. COLOR OR RACE <u>Caucasian</u>	17. AGE AT LAST BIRTHDAY <u>20</u> (Years)
12. BIRTHPLACE <u>Anderson, S.C.</u>	18. BIRTHPLACE <u>Anderson, S.C.</u>	13. OCCUPATION <u>Teacher</u>	19. OCCUPATION <u>Homemaker</u>
20. Number of children born to mother, including present birth <u>1</u>	21. Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at Anderson, S.C. at 10:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) William J. ...(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

(26) Witness Geo. D. ...  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 10, 1922 (28) Geo. D. ... 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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