

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
19745Registration District No. 3ARegistered No. 229
(For use of Local Registrar)(2) Full Name of Child Thelma Corinne Whitten If child is not yet named, make supplemental report as directed

3) SEX OR GUILD <input checked="" type="checkbox"/> BOY <input type="checkbox"/> GIRL	4) Twin or Triplet To be answered only in case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7) DATE OF BIRTH <u>July 14, 1923</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
8) FULL NAME <u>Marion Franklin Whitten</u>		14) NAME BEFORE MARRIAGE <u>Henry May Hargan</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>white</u>		16) COLOR OR RACE <u>white</u>		17) AGE AT LAST BIRTHDAY <u>24</u> (Year)
12) BIRTHPLACE <u>Anderson, S.C.</u>		18) BIRTHPLACE <u>Anderson, S.C.</u>		
13) OCCUPATION <u>Farmer</u>		19) OCCUPATION <u>Domestic</u>		
20) Number of children born to mother, including present birth <u>3</u>		21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at Anderson, S.C., on the date above stated. (Hour, M. or P. M.)(23) (Signature) Dr. H. H. Hargan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Anderson, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness, necessary only when question 23 is signed by mother)
H. H. Hargan

(27) Filed

(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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