

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of Herman, T.C.

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 347

No. 246

Registered No. 1
(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 James William

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Type or Figure It is covered only in case of Twin or Triplet (5) Age of Child 1 yr 2 mo (6) DATE OF BIRTH Jan 31, 1922
(Month of Month) (Day) (Year)

FATHER
(8) FULL NAME H. T. Thawen
(9) PRESENT POSTOFFICE OF FATHER Herman Path
(10) COLOR White (11) AGE AT LAST BIRTHDAY 35
(12) BIRTHPLACE D. C.
(13) OCCUPATION Mechanic

MOTHER
(14) NAME BEFORE MARRIAGE Virginia Reynolds
(15) PRESENT POSTOFFICE OF MOTHER Herman Path
(16) COLOR White (17) AGE AT LAST BIRTHDAY 34
(18) BIRTHPLACE S. C.
(19) OCCUPATION Woman

(20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Admitted at A. P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. T. Thawen M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Herman Path S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 31, 1922 (28) James William 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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