

(1) PLACE OF BIRTH

County of Anderson

Township of .....

Inc. Town of .....

City of .....

(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 Health

File No.—For State Registrar Only

20813

Registration District No. 24Registered No. 238

(For use of Local Registrar)

(2) Full Name of Child Benjamin Franklin Able If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 4th (6) Are Parents Married? Yes (7) DATE OF BIRTH July 16 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Benjamin Franklin Able(9) PRESENT POSTOFFICE OF FATHER Central, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Deer Co.(13) OCCUPATION Mill operator(14) Number of children born to father, including present birth 4th

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Sanders(15) PRESENT POSTOFFICE OF MOTHER Central, S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Deer Co.(19) OCCUPATION Housewife(20) Number of children of this mother, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive, at 6:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) A. B. Crayton

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

Even name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 25 is signed by midwife)

(27) Filed 7-26-1922 (28) A. B. CRAYTON, 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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