

(1) FRANCH OF BIRTH

County of AndersonTownship of 11Ene. Town of 1City of 1

(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

No. 2734Registration District No. 3 Registration No. 3(2) Full Name of Child Isaac William If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Male (4) Sex of child? Male (5) Number of children born to father 1 (6) Age of father at birth 16 (7) DATE OF BIRTH 16 (8) (Month) (Day) (Year)FATHER.
(9) FULL NAME Isaac Isaac
(10) PRESENT RESIDENCE OF FATHER Anderson
(11) COLOR OR RACE Col (12) AGE AT LAST BIRTHDAY 27 (Years)
(13) BIRTHPLACE SC
(14) OCCUPATION Farmer
(15) Number of children born to mother, including present birth 1MOTHER.
(16) NAME BEFORE MARRIAGE Robert William
(17) PRESENT RESIDENCE OF MOTHER Anderson
(18) COLOR OR RACE Col (19) AGE AT LAST BIRTHDAY 15 (Years)
(20) BIRTHPLACE SC
(21) OCCUPATION House Wd
(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) (Clear A. M. or P. M.)
on the date above stated.(24) (Signature) Isaac Isaac
(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(27) Witness (signature of Witness necessary only when question 23 is signed by mark)

(28) Filed 101 (29) B. CRAYTON, ANDERSON, S.C.

*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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