

## PLACE OF BIRTH

City of Anderson  
 or Anderson  
 Township of Anderson  
 or Anderson  
 or Anderson

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37073

Registration District No. 34 Registered No. 422  
 (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.)

Full Name of Child Janne Ruth Kay If child is not yet named, make supplemental report as directed

Boy or Girl?      (4) Twin or Triplet? 5 (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 26 22  
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

## FATHER.

FULL NAME Walter Monroe Kay  
 PRESENT POSTOFFICE OF FATHER 251 Murray Ave Anderson SC  
 COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27  
 (Years)

BIRTHPLACE And. Co.

OCCUPATION Salesman

Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Cecilia Ethel Kay  
 (15) PRESENT POSTOFFICE OF MOTHER 251 Murray Ave Anderson SC  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 38  
 (Years)

(18) BIRTHPLACE And. Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(2) I hereby certify that I attended the birth of this child, who was alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (28) 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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