

(1) PLACE OF BIRTH

County of Anderson
 Township of North
 Inc. Town of.....
 or
 City of.....

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

No. 256 — For State Registrar Only

Registration District No. 349 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

(3) SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are parents married Yes (7) DATE OF BIRTH Jan 7 1923
 (If child is not yet named, make supplemental report as directed)

FATHER.

(8) FULL NAME W. T. ...
 (9) PRESENT POSTOFFICE OF FATHER ...
 (10) COLOR OR RACE ... (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE ...
 (13) OCCUPATION ...

MOTHER.

(14) NAME BEFORE MARRIAGE Carter
 (15) PRESENT POSTOFFICE OF MOTHER ...
 (16) COLOR OR RACE ... (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE ...
 (19) OCCUPATION ...

(20) Number of children born to mother, including present birth ...

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

19 Registrar

(27) Filed Jan 10 1923 (28) R. P. Robinson 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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