

## (1) PLACE OF BIRTH

County of AndersonTownship of Andersonor Town of Andersonor City of Anderson

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 310No. 12869 For State Registrar OnlyRegistered No. 47  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edward Ray Rochester If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>BOY</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) <u>Marked</u>	(7) DATE OF BIRTH <u>May 3 1923</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Ruth Rochester</u>		(14) NAME BEFORE MARRIAGE <u>Paul Carpenter</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson SC</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>40</u>	
(12) BIRTHPLACE <u>South Carolina</u>		(18) BIRTHPLACE <u>North Carolina</u>		
(13) OCCUPATION <u>Mill Work</u>		(19) OCCUPATION <u>House Work</u>		
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Miss Susan Ray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Anderson SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 11 1923 (28) H. H. Leavitt 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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