

(1) PLACE OF BIRTH

County of AndersonTownship of Anderson

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

12907

Registration District No. 315Registered No. 33

(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

a. SEX OR
GIRL

Girl

b. Twin
or Triplet

To be answered only in event of Twin or Triplet

c. Number in
order of birthd. Age
at birth

1 year

e. DATE OF
BIRTH

May 4 23

(Month)

(Day)

(Year)

FATHER.

f. FULL
NAME

D. C. Townsend

g. PRESENT
RESIDENCE
OF FATHER

Pudleton, S.C. R. 1 D #3

h. COLOR
OR
RACE

W

i. AGE AT LAST
BIRTHDAY

36

(Years)

j. BIRTHPLACE

Anderson Co. S.C.

k. OCCUPATION

Farmer

l. Number of children born to
mother, including present birth

1

m. NAME BEFORE
MARRIAGE

Jennie Bell Smith

n. PRESENT
RESIDENCE
OF MOTHER

Pudleton, S.C. R. 1 D #3

o. COLOR
OR
RACE

W

p. AGE AT LAST
BIRTHDAY

23

(Years)

q. BIRTHPLACE

Anderson Co. S.C.

r. OCCUPATION

Housewife

s. Number of children of this mother
now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. M. on the date above stated. (Born alive or stillborn) (Time A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Anderson S.C.

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

June 10 23

(28)

H. C. Berry

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.