

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3A

File No.—For State Registrar Only

28694

Registered No. 357
(For use of Local Registrar)

St.; Ward)

If child is not yet named, make
supplemental report as directed

(2) Full Name of Child

Mrs. Junkins(3) ~~BOY OR~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? ye

(7) DATE OF

BIRTH Sept 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJ. A. Junkins(9) PRESENT
POSTOFFICE
OF FATHERAnderson, S. C.(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY39
(Years)

(12) BIRTHPLACE

And. Co.

(13) OCCUPATION

Mill Work(20) Number of children born to
mother, including present birth2

MOTHER.

(14) NAME BEFORE
MARRIAGEEdie Junkins(15) PRESENT
POSTOFFICE
OF MOTHERAnderson, S. C.(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY32
(Years)

(18) BIRTHPLACE

And. Co.

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M.,
on the date above stated. (Born alive or stillborn; (Hour, M. or P. M.))(23) (Signature) J. H. Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)E. B. CRAYTON,

(27) Filed

19 ANDERSON, S. C. Registrar.19
RegistrarWhen 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.

before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
WHITES PLAINLY.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
PRINT-BORN, No. 3, FIVE OTHER, No. 2, etc., in question 5.
BUREAU OF COLUMBIA, COLUMBIA, S. C.