

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Anderson, S.C. (No. 1 ... Main St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20805

Registration District No. 2 A Registered No. 230

(For use of Local Registrar)

(2) Full Name of Child Barothy Carolina (If child is not yet named, make supplemental report as directed)

3 <u>Female</u> GIRL?	4 Twin or Triplet?	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>July 8, 1922</u> (Month) (Day) (Year)
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FATHER.

8 FULL
NAME Glenn Acher9 PRESENT
POSTOFFICE
OF FATHER Anderson, S.C.10 COLOR
OR
RACE white (11) AGE AT LAST
BIRTHDAY 30
(Years)12 BIRTHPLACE
Anderson, S.C.13 OCCUPATION
clerk hardware store20 Number of children born to
mother, including present birth 4

MOTHER.

14 NAME BEFORE
MARRIAGE Nellie Dammons15 PRESENT
POSTOFFICE
OF MOTHER Anderson, S.C.16 COLOR
OR
RACE white (17) AGE AT LAST
BIRTHDAY 28
(Years)18 BIRTHPLACE
Piedmont, S.C.19 OCCUPATION
Domestic21 Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 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 supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed July 9, 1922 (28) 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.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.