

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Savannahor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 311 Registered No. 22
(For use of Local Registrar)

File No. — For State Registrar Only

40877

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

(2) Full Name of Child Anne Elizabeth Earle If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 2, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elias S. Earle(9) PRESENT POSTOFFICE OF FATHER Star 7, S.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Corie Baker(15) PRESENT POSTOFFICE OF MOTHER Star 7, S.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE Anderson Co., S.C.(19) OCCUPATION Domestic(21) 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 6 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. C. Pettigrew(24) State whether Physician or Midwife (25) Address of Physician or Midwife
M.D. Star 7, S.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 9, 1923 (28) L. A. Todd
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.