

## (1) PLACE OF BIRTH

County of AndersonTownship of 1or  
Inc. Town of 1or  
City of 1(No. .... 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

20786

Registration District No. 3 ARegistered No. 214  
(For use of Local Registrar)(2) Full Name of Child Maria Eliza W. Winder (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> To be answered only in event of Twins or Triplets	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>May 9 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

8. FULL NAME F. P. Winder9. PRESENT POSTOFFICE OF FATHER Anderson, S. C.10. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)12. BIRTHPLACE Chicago, Ill13. OCCUPATION Traveling Salesman20. Number of children born to mother, including present birth 3

## MOTHER.

14. NAME BEFORE MARRIAGE Elizabeth Watkins15. PRESENT POSTOFFICE OF MOTHER Anderson, D. C.16. COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)18. BIRTHPLACE Saluda, 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 1 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Winder

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (28) F. B. CRAYTON Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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