

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

(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
19753

Registration District No. 31 Registered No. 238
(For use of Local Registrar)

(2) Full Name of Child. Infant Emily If child is not yet named, make supplemental report as directed

BOY OR GIRL? Female (4) Sex of Infant? Female (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July-1923
(Name of Month (Day) (Year))

FATHER.
(8) FULL NAME William Emily
(9) PRESENT POSTOFFICE OF FATHER Wend. S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Preacher
(14) Number of children born to mother, including present birth 4

MOTHER.
(15) NAME BEFORE MARRIAGE Eula Dingyard
(16) PRESENT POSTOFFICE OF MOTHER And. S.C.
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 23 (Years)
(19) BIRTHPLACE S.C.
(20) OCCUPATION House
(21) 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 born alive (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Name added from a supplemental report
..... 101.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is answered) F. CRAYTON,
(27) Filed 101 (28) ANDERSON, S.C. Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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