

(1) PLACE OF BIRTH

County of Anderson  
Township of Garvin  
or  
Inc. Town of.....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**40898**

Registration District No. 315 Registered No. 77  
(For use of Local Registrar)

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

(2) Full Name of Child Mary Annworth { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 21, 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Rufus Annworth  
(9) PRESENT POSTOFFICE OF FATHER Peddleton SC #1  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
(Year)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Pearl Smith  
(15) PRESENT POSTOFFICE OF MOTHER Peddleton SC #1  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
(Year)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Housewife  
(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 alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wade Thompson  
(24) State whether Physician or Midwife (25) Address of Physic or Midwife Anderson SC

Given name added from a supplemental report  
..... 19 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 22 (28) W. L. Casey 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.