

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofCity of Anderson Rt. (No. 3)

(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

28678

Registration District No. 3ARegistered No. 319
(For use of Local Registrar)(2) Full Name of Child James Cellotte

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL A

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 1, 22
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME James Cellotte(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 28
(Year)(12) BIRTHPLACE Wilmington(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Mae Rayford(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 24
(Year)(18) BIRTHPLACE Wilmington(19) OCCUPATION Farming(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 alive at 3:30 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 Physician or Midwife Anderson

Given name added from a supplemental report

(26) Witness

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

B. B. CRAYTON,

(27) Filed

(29)

ANDERSON

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.

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MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 6.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 6.

FORM NO. 1, REVISED 1917, U. S. DEPT. OF COMMERCE, BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.