

## (1) PLACE OF BIRTH

County of AndersonTownship of ChickamaugaInc. Town of AndersonCity of Anderson

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

19814

Registration District No. 303Registered No. 17

(For use of Local Registrar)

(No. 930 W. White St.) (Ward)

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

(2) Full Name of Child Marta E. Lee

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

3. BOY OR GIRL

4. Twin or Triplet 15. Number in order of birth 16. Are Parents Married yes

7. DATE OF BIRTH

Name of Month (Day) (Year) Jan 12 22

8. FATHER'S NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth

14. MOTHER'S NAME

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY

18. BIRTHPLACE

19. OCCUPATION

21. Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child alive at 11:30 A.M. on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) Signature of Physician or Midwife

(25) Signature of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

E. B. CRAYTON,

(27) Filed

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(28)

Registrar

ANDERSON, S.C. 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.

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