

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

13586

Registration District No. 303 Registered No. 33
 (No. 107 Highland St.; Ward)
 (For use of Local Registrar)

(2) Full Name of Child Charles Algonda Hume

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

(3) BOY OR GIRL A (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 29, 1920
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herman Hume
 (9) PRESENT POSTOFFICE OF FATHER Anderson S. C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24
 (Years)
 (12) BIRTHPLACE Anderson Co. S. C.
 (13) OCCUPATION Textile

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ruby Lafay
 (15) PRESENT POSTOFFICE OF MOTHER Anderson, S. C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
 (Years)
 (18) BIRTHPLACE Anderson Co S. C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) B. C. Dean (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S. C.

Given name added from a supplemental report

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

(27) Filed (28) Local Registrar

When there was no attending physician or midwife, then the father, household, etc., should report if a child breathes even once. It must not be reported as stillborn. No report is desired in any case before the fifth month of pregnancy.

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