

(1) PLACE OF BIRTH

County of Anderson

Township of

or Inc. Town of AndersonCity of Anderson

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

(2) Full Name of Child

Aurilia PratherNo. 38455

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3ARegistered No. 47
(For use of Local Registrar)(3) SEX OF CHILD
Y(4) Twin or Triplet
✓

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Y(7) DATE OF BIRTH Dec 31 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Andrew Lee Prather

(9) PRESENT POSTOFFICE OF FATHER

Anderson SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23
(Years)

(12) BIRTHPLACE

Elbert Co. Ga.

(13) OCCUPATION

merchandise

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

1 2

MOTHER.

(14) NAME BEFORE MARRIAGE

Kathie Josephine

(15) PRESENT POSTOFFICE OF MOTHER

Anderson SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

Hart Co. Ga.

(19) OCCUPATION

Domestic

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

1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.(Born alive or stillborn) (Hour A. M. or P. M.) 8:30 P. M.(23) (Signature) Joseph Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson SC

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 23 is answered)

(27) Filed

1928

(28)

ANDERSON, S. G.
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.

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