

(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

No. 19815 - For State Register Only

Registration District No. 303Registered No. 78
(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 Arthley Lee Cartridge If child is not yet named, make supplemental report as directed

(3) SEX OR GALT X (4) Type or Token To be secured only in case of Type or Token (5) Number in order of birth 1st (6) Age of Person Married 10 (7) DATE OF BIRTH July 10 1912 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Kubert Henry Cartridge</u>	(10) NAME BEFORE MARRIAGE <u>Marie Francis Blount</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Anderson, S.C.</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Anderson, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Year)	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Year)
(12) BIRTHPLACE <u>Anderson, S.C.</u>	(12) BIRTHPLACE <u>Anderson, S.C.</u>	(12) BIRTHPLACE <u>Anderson, S.C.</u>	(12) BIRTHPLACE <u>Anderson, S.C.</u>
(13) OCCUPATION <u>Attorney</u>	(13) OCCUPATION <u>Homemaker</u>	(13) OCCUPATION <u>Homemaker</u>	(13) OCCUPATION <u>Homemaker</u>
(20) Number of children born to mother, including present birth <u>14</u>	(21) Number of children of this mother now living, including present birth <u>14</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12:00 M. on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) W. H. Crayton

(24) State whether Physician or Midwife

(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 25 is answered) W. H. CRAYTON,(27) Filed 12 (28) ANDERSON 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.

*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.