

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofCity of Anderson

(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

19756

Registration District No. 3A Registered No. 241

(For use of Local Registrar)

(2) Full Name of Child James Antonakas If child is not yet named, make supplemental report as directed3. BOY OR GIRL Male 4. Twin or Triplet No To be answered only in event of Twin or Triplet 5. Number in order of birth 1 6. Are parents married yes 7. DATE OF BIRTH July 17, 1923 (Month) (Day) (Year)

FATHER.

8. FULL NAME Leo Antonakas9. PRESENT POSTOFFICE OF FATHER Anderson, D.C.10. COLOR OR RACE W. Greek (11) AGE AT LAST BIRTHDAY 38 (Years)12. BIRTHPLACE Sparta, Greece13. OCCUPATION Life - Accommodated cafe14. Number of children born to mother, including present birth 2

MOTHER.

14. NAME BEFORE MARRIAGE May Angelekas15. PRESENT POSTOFFICE OF MOTHER Anderson, D.C.16. COLOR OR RACE W. Greek (17) AGE AT LAST BIRTHDAY 23 (Years)18. BIRTHPLACE Sparta, Greece19. OCCUPATION Domestic20. Number of children of this mother now living, including present birth 2

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) J. H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness) E. B. CRAYTON when question 23 is signed by mark

(27) Filed

(28)

ANDERSON, S. A.
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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