

(1) PLACE OF BIRTH

County of Anderson
Township of
or
Inc. Town of
or
City of Anderson (No. Franklin St.; Ward)
(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

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 directed)

3. BOY OR GIRL BOY
4. Twin or Triplet To be answered only in event of Twin or Triplet
5. Number in order of birth
6. Are Parent Married yes
7. DATE OF BIRTH July 17 1923
(Month) (Day) (Year)

FATHER.
8. FULL NAME Eus Antonakas
9. PRESENT POSTOFFICE OF FATHER Anderson, D.C.
10. COLOR OR RACE W. Greek (11) AGE AT LAST BIRTHDAY 38 (Years)
12. BIRTHPLACE Sparta, Greece
13. OCCUPATION Life Accommodation cafe
14. Number of children born to mother, including present birth 2

MOTHER.
14. NAME BEFORE MARRIAGE May Angelekas
15. PRESENT POSTOFFICE OF MOTHER Anderson, D.C.
16. COLOR OR RACE W. Greek (17) AGE AT LAST BIRTHDAY 23 (Years)
18. BIRTHPLACE Sparta, Greece
19. OCCUPATION Domestic
20. 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. Hunter
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
..... 19 ..
Registrar

(26) Witness E. B. CRAYTON
(Signature of Witness when question 23 is signed by mark)
(27) Filed 19 .. (28) ANDERSON, S.C.
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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E T Y A F I L M