

(1) PLACE OF BIRTH

County of Anderson
 Township of Plenty
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

241

Registration District No. 3. D. 5Registered No. 9
(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

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

(a) SEX OF CHILD Male (b) Type of Trunk Yes (c) Number in order of birth 1 (d) Age at birth yes (e) DATE OF BIRTH Jan 16 1923
 To be answered only in case of Twin or Triplets (f) (g) (h)

FATHER.

(1) FULL NAME W. B. Proctor
 (2) PRESENT POST OFFICE OF FATHER Jenningsville, Ga.
 (3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 48
 (5) BIRTHPLACE S. C.
 (6) OCCUPATION Farmer
 (7) Number of children born to mother, including present birth 14

MOTHER.

(8) NAME BEFORE MARRIAGE Lillie Proctor
 (9) PRESENT POST OFFICE OF MOTHER Jenningsville, Ga.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Housewife
 (14) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(16) (Signature) L. S. Proctor

(17) State whether Physician or Midwife

(18) Address of Physician or Midwife Jenningsville, Ga.

Given name added from a supplemental report

(19) Witness

(Signature of Witness necessary only when question 15 is signed by mark)

(20) Filed Jan 24 1923(21) 9(22) J. H. Proctor

19 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.