

PLACE STAMP HERE

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 14-For this register only

14785

County of AndersonTownship of Richlandor
Inc. Town of

City of

Registration District No. 2901 Registered No. 46
(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) BOY OR GIRL girl (c) Type or Token To be reported only in event of Twin or Triplets (d) Number in order of birth 3 (e) Are Parents Married yes (f) DATE OF BIRTH Jan 16 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(a) FULL NAME H. Iven Ashenbrie(14) NAME BEFORE MARRIAGE Mattie Mary Chestin(c) PRESENT POSTOFFICE OF FATHER Gray Court S.C.(15) PRESENT POSTOFFICE OF MOTHER Gray Court S.C.(16) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Gray Court S.C. on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) J. W. Dean(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gray Court S.C.

Given name, added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by parent)

(27) Filed Jan 11 1923 (28) H. Chahar 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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