

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

County of

Anderson

Bureau of Vital Statistics

State Board of Health

Township of

Savannah

or
Inc. Town of

Registration District No. *311*

Registered No. *45*

(For use of Local Registrar)

or
City of

(No. _____)

St.; _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Josephine Thrasher

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

(6) Number in order of birth

8

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

June 11, 1916

(Month) (Day) (Year)

To be answered only in case of Twin or Triplet

MOTHER

(8) FULL NAME

Will Thrasher

(14) NAME BEFORE MARRIAGE

Mitchell

(9) PRESENT POSTOFFICE OF FATHER

Starrs Lc

(15) PRESENT POSTOFFICE OF MOTHER

Star

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28 3/4

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

29 1/4

(12) BIRTHPLACE

Anderson Lc

(18) BIRTHPLACE

Anderson Lc

(13) OCCUPATION

deputy

(19) OCCUPATION

(20) Number of children born to mother, including present birth

8

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Jane Jones*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

Joe Jones
Signature of Witness necessary only when question 23 is signed by mark

(27) Filed *Jun 11 1916*

(28)

J. A. Jones
Local Registrar

MARGIN RESERVED FOR PRINTING. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. WRITE PLAINLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 6. McCaw, of Columbia

*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.