

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

5885

(1) PLACE OF BIRTH

County of Anderson

Township of Piedmont

Inc. Town of

City of

Registration District No. 310

Registered No. 14

(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Juanita Mary Ann

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

(1) <u>Boy</u>	(2) Twin or Triplet To be answered only in case of Twin or Triplet	(3) Number in order of birth	(4) Sex <u>Male</u>	(5) DATE OF BIRTH <u>2 27 23</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(6) FULL NAME <u>J. O. B. B. B.</u>		(7) NAME BEFORE MARRIAGE <u>Mrs. M. B. B.</u>		
(8) PRESENT RESIDENCE OF FATHER <u>Piedmont, SC</u>		(9) PRESENT RESIDENCE OF MOTHER <u>Piedmont, SC</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)	
(12) BIRTHPLACE <u>Uva, S.C.</u>		(12) BIRTHPLACE <u>Uva, S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(13) OCCUPATION <u>Housewife</u>		
(14) Number of children born to mother, including present birth <u>2</u>		(14) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark A. M. or P. M.) on the date above stated.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Date 4/19/23 (28) N. W. Lawright

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Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

10/10/23

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 3.

Form of September, October, 1922.