

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

84273

(1) PLACE OF BIRTH

County of Anderson

Township of Honey Path

or  
Inc. Town of .....

or  
City of .....

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

Registration District No. 307 Registered No. 145  
(For use of Local Registrar)

(2) Full Name of Child Anble Hugh

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

(3) BOY OR GIRL Boy (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 13 1942  
(Same of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daned Hugh

(9) PRESENT POSTOFFICE OF FATHER Belton

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29  
(Years)

(12) BIRTHPLACE Macomic SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Sibert

(15) PRESENT POSTOFFICE OF MOTHER Belton SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE Macomic SC

(19) OCCUPATION Housewife

(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 alive at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Germa E. Sims

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Belton SC R5

Given name added from a supplemental report

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

(27) Filed Nov 14 1942 (28) L. A. Williams 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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H. W. Seawright

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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 5.

FORM NO. 5. MORNING, COLUMBIA, S. C.