

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20836

Registration District No. 3ARegistered No. 267
(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 Mildred Applewhite If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>X</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 28, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(9) FULL NAME Curtis Augustus Applewhite(10) PRESENT POSTOFFICE OF FATHER Anderson S.C.(12) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22
(Years)(13) BIRTHPLACE Selma Ala.(14) OCCUPATION Cotton mill work(15) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emmie Sue Clark(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Hart Co. Ga.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:20 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wade T. Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed (28) 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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