

(1) PLACE OF BIRTH

County of AndersonTownship of 11or
Inc. Town of Andersonor
City of Anderson

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71194

Registration District No. 3A Registered No. 294

(For use of Local Registrar)

(No. Greenville St.; 1 Ward)(2) Full Name of Child Gilberh Per 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
To be answered only in case of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug 21, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

C. Frank Per

(9) PRESENT POSTOFFICE OF FATHER

Anderson - S. C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 31
(Years)

(12) BIRTHPLACE

Anderson S. C.

(13) OCCUPATION

Traveling Salesman

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Inez Gilberh

(15) PRESENT POSTOFFICE OF MOTHER

Anderson, S. C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE

Ida

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (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) Filed

Sept. 1, 1916

(28)

J. B. Crayton

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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