

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19816

County of AndersonTownship of Anderson

Inc. Town of.....

City of AndersonRegistration District No. 303Registered No. 70  
(For use of Local Registrar)

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

(2) Full Name of Child Harold B. Bantz

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

(3) SEX OF CHILD Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Age Parents Married 4(7) DATE OF BIRTH July 23

## FATHER.

(8) FULL NAME Dr. Wm. Bantz(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE Col(11) BIRTHPLACE Anderson(12) OCCUPATION Physician(13) AGE AT LAST BIRTHDAY 33(14) NAME BEFORE MARRIAGE Alma Mack(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE Col(17) BIRTHPLACE Anderson(18) OCCUPATION Travelling

## MOTHER.

(19) Number of children born to mother, including present birth 12(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) Give name added from a supplemental report

(26) Witness Wm. Bantz(Signature of Witness, necessary only when question 23 is answered) Wm. Bantz(27) Filed 19(28) ANDERSON 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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