

(1) PLACE OF BIRTH

County of AndersonTownship of CenterInc. Town of AndersonCity of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

19809

Registration District No. 303Registered No. 72

(For use of Local Registrar)

(No. 452 Bradley St.; Ward)

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

(2) Full Name of Child Josephine Peterson

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

3. SEX OR GEAR

4. Type

(5) Number to

Year of birth

(6) Age

Years

(7) DATE OF

BIRTH

June 20, 22

FATHER

(8) FULL NAME

Wingley Peterson

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Laborer

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

2

MOTHER

(14) NAME BEFORE MARRIAGE

Wathrine Burton

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

20

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(20) 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 White at 9:50 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)

F. B. CRAYTON,

(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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