

(1) PLACE OF BIRTH
County of Anderson
Township of
or
Inc. Town of
or
City of (No. St.; Ward)
(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
20823

Registration District No. 3 H Registered No. 250
(For use of Local Registrar)

(2) Full Name of Child Anna B. Spivey (if child is not yet named, make supplemental report as directed)

3. ☒ BOY OR GIRL? 4. Twin or Triplet? 5. Number in order of birth 6. Are Parents Married? yes 7. DATE OF BIRTH 7/27 1927
(Name of Month) (Day) (Year)

FATHER.
8. FULL NAME Joe Harbin
9. PRESENT POSTOFFICE OF FATHER Anderson S.C.
10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 31 (Years)
12. BIRTHPLACE Anderson Co.
13. OCCUPATION Traveling Salesman
20. Number of children born to mother, including present birth 2

MOTHER.
14. NAME BEFORE MARRIAGE Bertie Spivey
15. PRESENT POSTOFFICE OF MOTHER Anderson S.C.
16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 28 (Years)
18. BIRTHPLACE Abbeville S.C.
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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Johnathan

(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. CRATTON,

(27) Filed 19 (28) ANDERSON, S. C. 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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