

(1) PLACE OF BIRTH

County of Anderson
Township of High
or
Inc. Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
9881

Registration District No. 305 Registered No. 47
(For use of Local Registrar)

City of (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 Mary Elizabeth Thrasher (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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH April 16, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME W. P. Thrasher
(9) PRESENT POSTOFFICE OF FATHER Juniata S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Nancy Owsen
(15) PRESENT POSTOFFICE OF MOTHER Juniata S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(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 5-48 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) J. J. McLeister (24) State whether Physician or Midwife (25) Address of 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 May 18, 1922 (28) J. T. Gallaway 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.

BOARD OF COLUMBIA, COLUMBIA, S. C.