

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson  
Township of .....  
or  
Inc. Town of .....  
or  
City of Anderson

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

File No. — For State Registrar Only  
**40761**

Registration District No. 314 Registered No. 500  
(For use of Local Registrar)  
(No. 69 E 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 Louise Houldson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? 1 (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 31 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 25, 1923  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Geo. Washington Houldson  
(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE Macou Co. S.C.  
(13) OCCUPATION cotton mill  
(20) Number of children born to mother, including present birth 1 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Rubie Williams  
(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Newman S.C.  
(19) OCCUPATION Homemaker  
(21) Number of children of this mother now living, including present birth 1 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 9:15 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wade Thompson  
(24) State, whether Physician or Midwife Anderson S.C. (25) Address of Physician or Midwife 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 ..... 19 .. (28) F. B. CRAYTON Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.