

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37094

Registration District No. 3-C Registered No. 78
 (For use of Local Registrar)

(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 Harold Anderson Houston If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov-6-22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. M. Houston
 (9) PRESENT POSTOFFICE OF FATHER Pelzer, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Vandine
 (15) PRESENT POSTOFFICE OF MOTHER Pelzer, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 7

(21) Number of children born to mother, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:15 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. L. Houston M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Williamston S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date 12/9/22

(28)

Alban Russell
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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