

(1) PLACE OF BIRTH

County of Anderson

Township of

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

71196

Registration District No. 3A Registered No. 296
(For use of Local Registrar)

(No. St.; Ward)
City of

(2) Full Name of Child (Gregory) Ellen } 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? (7) DATE OF BIRTH Aug. 13, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe E. Deat

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Ga

(13) OCCUPATION mill

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

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Higgins

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Ga

(19) OCCUPATION House Work

(21) Number of children of this mother now living, including present birth only

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 9:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S. C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filled 191..... (25) J. B. ... 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.

Local Registrar

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McCaw of Columbia