

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
City of Anderson

(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

Registration District No. 34No. 19 - For this register only

170

Registered No. 19
(For use of Local Registrar)(2) Full Name of Child Clarence Thompson Bridges

If child is not yet named, make supplemental report as directed

(1) SEX OR Color	(2) Type or Triplet	(3) Number in order of birth	(4) Age in weeks Months	(5) DATE OF BIRTH
<u>A</u>	To be answered only in event of Twins or Triplets		<u>yr</u>	<u>1-22nd-3</u> (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Joseph Henry Bridges(2) PRESENT POSTOFFICE OF FATHER Anderson S.C.(3) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Year)(4) BIRTHPLACE Doanoke Ala.(5) OCCUPATION Cotton mill oper.(6) Number of children born to mother, including present birth 4

MOTHER.

(10) NAME BEFORE MARRIAGE ella Evans(11) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(12) COLOR OR RACE white (13) AGE AT LAST BIRTHDAY 21 (Year)(14) BIRTHPLACE Oconee Co. S.C.(15) OCCUPATION Domestic(16) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was alive at 8:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(18) (Signature) Wade Thompson, M.D.

(19) State whether Physician or Midwife

(20) Address of Physician or Midwife Anderson S.C.

(21) Give name added from a supplemental report

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

B. CRAYTON,(23) Filed 19 (24) ANDERSON S.C.

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.

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.