

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles James

File No.—For State Registrar Only

13502

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 39 Registered No. 146
(For use of Local Registrar)

(No. St.; Ward)

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

| | | | | |
|--------------------------|-----------------------------------------------------------------------------|------------------------------|------------------------------------|----------------------------------------------------------------------|
| (3) BOY OR GIRL <u>X</u> | (4) Twin or Triplet? <u>To be answered only in event of Twin or Triplet</u> | (5) Number in order of birth | (6) Are Parents Married? <u>no</u> | (7) DATE OF BIRTH <u>May 4, 1922</u> (Name of Month) (Day) (Year) |
|--------------------------|-----------------------------------------------------------------------------|------------------------------|------------------------------------|----------------------------------------------------------------------|

FATHER

(8) FULL NAME 2

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Eylene Norris(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 17

(18) BIRTHPLACE

(19) OCCUPATION Anderson Co. S.C.Field Hand(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 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) S. C. McLean(24) State whether Physician or Midwife (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 (28) Registrar

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.

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