

## (1) PLACE OF BIRTH

County of AndersonTownship of "Eas. Town of "City of "

(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

File No. for this registration  
2738Registration District No. 34 Registering No. 47

(For use of Local Registrar)

(2) Full Name of Child Clayton Jarvis If child is not yet named, make supplemental report as directed(3) SEX OR MALE (4) Twin or triplet? No (5) Number in order of birth 1st (6) Age Parents Married? Yes (7) DATE OF BIRTH Jan 23 (8) (Name of Month) (Day) (Year)

## FATHER.

(9) FULL NAME Ed J. Jowers(10) PRESENT POSTOFFICE OF FATHER Anderson(11) COLOR OR RACE Col (12) AGE AT LAST BIRTHDAY 38 (Years)(13) BIRTHPLACE SC(14) OCCUPATION Technical Drawing(15) Number of children born to mother, including present birth 4

## MOTHER.

(16) NAME BEFORE MARRIAGE Marion Smith(17) PRESENT POSTOFFICE OF MOTHER Anderson(18) COLOR OR RACE Col (19) AGE AT LAST BIRTHDAY 23 (Years)(20) BIRTHPLACE SC(21) OCCUPATION Domestic(22) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive as stillborn (Near A. M. or P. M.)(24) (Signature) J. B. Jowers

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Even name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is answered "Stillborn")

(28) Filed 191 (29) ANDERSON 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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