

Form No. 1

(1) PLACE OF BIRTH

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

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

Registration District No. 310

No. 257 - For State Registrar
 (For use of Local Registrar)

Registered No. 6(2) Full Name of Child Vera Elizabeth Albertson

(1) SEX Girl (2) Type or Taper To be entered only in event of Twin or Triple (3) Number in order of birth yes (4) Are Parents Married yes (5) DATE OF BIRTH Jan. 31, 23
 (Place of Month) (Day) (Year)

FATHER.
 (6) FULL NAME Joe Albertson
 (7) PRESENT RESIDENCE OF FATHER Pendleton, S.C.
 (8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 25-
 (10) BIRTHPLACE Ciones, Co. S.C.
 (11) OCCUPATION Farmer

MOTHER.
 (12) NAME BEFORE MARRIAGE Rosie Brown
 (13) PRESENT RESIDENCE OF MOTHER Pendleton, S.C.
 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 21
 (16) BIRTHPLACE in
 (17) OCCUPATION Domestic

(18) Number of children born to mother, including present birth Three

(19) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive..... at 5 A.M.
 on the date above stated. (Keep A. M. or P. M.)

(21) (Signature) Mrs. W. T. Nuharn
 (22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Pendleton, S.C.

Given name added from a supplemental report

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

(25) Filed Feb. 13, 23 (26) W. H. Seawright
 Registrar Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should sign this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.