

(1) PLACE OF BIRTH

County of Anderson...

Township of

or
Inc. Town ofor
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 State Registrar Only

12738

Registration District No.

3A

Registered No.

159

(For use of Local Registrar)

(No. Anderson Co. Hospital.... Ward)(2) Full Name of Child Barbara Polikoff

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

(3) SEX OR GUILD

girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF

BIRTH May 16, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Polikoff

(9) PRESENT POSTOFFICE OF FATHER

Iva SC

(10) COLOR OR RACE

Jew

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

merchant

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

Anderson Co. Hospital

(16) COLOR OR RACE

Jewish

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Pa.

(19) OCCUPATION

domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive.... at 7 A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

Anne A. Young, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

ANDERSON, S. R.

(27) Filed

19

(28) ANDERSON, S. R.

19
RegistrarWhen 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.

a Supplementary report

Address

24 man

Filed

19

Registrar