

(1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....

or  
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

File No.—For State Registrar Only

20792

Registration District No. 3A

Registered No. 258

(For use of Local Registrar)

(2) Full Name of Child Sarah Francis Winchester

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

3) BOY OR GIRL? X (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH June 6, 1922  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Flora Winchester

9) PRESENT POSTOFFICE OF FATHER Anderson S. C.

10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23  
(Year)

12) BIRTHPLACE South Carolina

13) OCCUPATION Textile

20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Pauline Jones

15) PRESENT POSTOFFICE OF MOTHER Anderson S. C.

16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21  
(Year)

18) BIRTHPLACE Knoxville, Tenn.

19) OCCUPATION House wife

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 Alive at 11:30 A. M., on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))

(23) (Signature) S. C. Anderson

(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 Section 23 is signed by mark)

(27) Filed 7-10-22 (28) W. R. R. R. Local 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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