

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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
24619

Registration District No. 3A Registered No. 301

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child. Luther William Cleveland If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? GIRL (4) Twin or Triplet? 2nd (5) Number in order of birth 2nd (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 28, 1922
 (Name of Month) (Day) (Year)

FATHER.**MOTHER.**(7) FULL NAME Carl C. Cleveland(14) NAME BEFORE MARRIAGE Bonnie Brown(8) PRESENT POSTOFFICE OF FATHER Anderson S.C.(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(9) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Years)(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Conce Co. S.C.(18) BIRTHPLACE Abbeville S.C.(13) OCCUPATION Painter(19) OCCUPATION House wife(10) Number of children born to mother, including present birth 2nd(21) Number of children of this mother now living, including present birth 1**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(2) 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) J. S. Chittenden

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

Name added from a supplemental report

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

Registrar

(27) Filed 191... (28) ANDERSON, S.C. Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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