

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Incl. 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

24589

Registration District No. Registered No. 271

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Local Batson (If child is not yet named, make supplemental report as directed)

| | | | | |
|---|-------------------------------|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? <u>✓</u> | (5) Number in order of birth <u>✓</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>June 26, 1921</u> |
| To be answered only in event of Twins or Triplets | | | | (Name of Month) (Day) (Year) |

FATHER.

(8) FULL NAME Jefferson Lee Batson(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Contractor - Brick Layer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Boyles(15) PRESENT POSTOFFICE OF MOTHER 35 Pine St - Greenville(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Ga.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Olga V. Pruitt(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) I. B. CRAYTON,(27) Filed June 30, 1921 (28) ANDERSON

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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