

## (1) PLACE OF BIRTH

County of AndersonTownship of Centerville

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

28775

Registration District No. 3.03Registered No. 66

(For use of Local Registrar)

(No. ....)

St.; .....

Ward)

(If birth occurs in a hospital or other institution, give name of street and number.)

(2) Full Name of Child Joe Shirley Freeman

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? ✓(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 23 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Luther Freeman(9) PRESENT POSTOFFICE OF FATHER Anderson S.C. A#4(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 20

(Years)

(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Cor. Ida Shirley(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. A#4(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE Anderson S.C.(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 7:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. C. Crayton(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(26) Witness .....

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

19 Registrar

(27) Filed .....

B. CRAYTON,

ANDERSON Registrar.

When there was no attending physician or midwife, then the father, householder, etc., must report the birth of this child. 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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