

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

Mary Bae

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

3) BOY OR GIRL GIRL

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married? yes

7) DATE OF

BIRTH May 19 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Wm - Hall9) PRESENT POSTOFFICE OF FATHER Anderson S.C.10) COLOR OR RACE white11) AGE AT LAST BIRTHDAY 29
(Years)12) BIRTHPLACE Anderson C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Mary Lee Smith15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.16) COLOR OR RACE white17) AGE AT LAST BIRTHDAY 27
(Years)18) BIRTHPLACE Anderson C.19) OCCUPATION Domestic21) 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 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. H. H.

(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 signed by mark)(27) Filed 19 (28) F. B. CRAYTON,
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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File No.—For State Registrar Only
20784

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3A Registered No. 212

(For use of Local Registrar)

(No. R. 7. 2. 7 Ward)

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