

(1) PLACE OF BIRTH

County of AndersonTownship of 16Inc. Town of ACity of 6

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 34Registered No. 11
(For use of Local Registrar)

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

(2) Full Name of Child Forest Capell

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

(3) SEX OF CHILD

(4) Male or Female

(5) Number in order of birth

(6) Age of child

(7) DATE OF BIRTH

(8) (Month) (Day) (Year)

FATHER.

(9) FULL NAME

(10) PRESENT RESIDENCE OF FATHER

(11) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

MOTHER.

(15) NAME BEFORE MARRIAGE

(16) PRESENT RESIDENCE OF MOTHER

(17) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

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CRAYTON,

ANDERSON, A. C.

*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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