

(1) PLACE OF BIRTH

County of Anderson
 Township of Centerville
 or
 Inc. Town of
 or
 City of Anderson

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 1a.—For State Registrar Only
19812

Registration District No. 303 Registered No. 73
 (For use of Local Registrar)

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

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

1) BOY OR GIRL <u>girl</u>	2) Type of Birth To be answered only in event of Twin or Triplet	3) Number in order of birth	4) Are Parents Married <u>yes</u>	5) DATE OF BIRTH <u>July 16, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
6) FULL NAME <u>F. Childs</u>	14) NAME BEFORE MARRIAGE <u>Stella Rackley</u>			
7) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>			
10) COLOR OR RACE <u>w</u>	11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	16) COLOR OR RACE <u>w</u>	17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
12) BIRTHPLACE <u>Pickens Co</u>	18) BIRTHPLACE <u>Pickens Co</u>			
13) OCCUPATION <u>Septic</u>	19) OCCUPATION <u>housewife</u>			
20) Number of children born to mother, including present birth <u>1</u>	21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 10:45 M.
 on the date above stated. (Here give or full name) (Hour and P. M.)
 (23) (Signature) F. B. Crayton, M.D.
 (24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
F. B. CRAYTON,
 (27) Filed (28) **ANDERSON** 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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