

1. PLACE OF BIRTH

County of Anderson

Township of _____

or
Inc. Town of _____or
City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3ARegistered No. 564

(For use of Local Registrar)

FILE No. - For State Registrar Only

38442-a2. Full Name of Child Charles Meind

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

(If child is not yet named, make supplemental report as soon as name is given.)

3. SEX OF CHILD
Male4. Twin or Triplet?
No5. Number in order of birth
16. Are Parents Married?
Yes7. DATE OF BIRTH
Dec 8

To be answered only in event of Twin or Triplet

(Name of Month) (Day) (Year)

8. FULL NAME OF FATHER
W. H. Jackson9. PRESENT POSTOFFICE OF FATHER
Anderson, S.C.10. COLOR OR RACE
White11. AGE AT LAST BIRTHDAY
24
(Years)12. BIRTHPLACE
Anderson, S.C.13. OCCUPATION
Merchant14. Number of children born to mother, including present birth
114. FULL NAME OF MOTHER
Anna Bel Jackson15. PRESENT POSTOFFICE OF MOTHER
Anderson, S.C.16. COLOR OR RACE
White17. AGE AT LAST BIRTHDAY
28
(Years)18. BIRTHPLACE
Anderson, S.C.19. OCCUPATION
Housewife20. 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
on the date above stated.

(Born alive or stillborn)

(Hour A.M. or P.M.)

23. Signature _____

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Give name added from a supplemental report

26. Witness _____

(Signature of Witness necessary only when question of stillbirth is raised)

27. Filed _____

P-14-27 Dr. G. L. Giff
Local RegistrarWhen 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.
before the fifth month of pregnancy.