

(1) PLACE OF BIRTH

County of *Anderson*
 Township of *Anderson*
 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
3097

Registration District No. *311* Registered No. *13*
 (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 *Unnamed*

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Jan. 10, 1922</i> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <i>Thomas Milton Seigle</i> (9) PRESENT POSTOFFICE OF FATHER <i>Tarr SC</i> (10) COLOR OR RACE <i>white</i> (11) AGE AT LAST BIRTHDAY <i>32</i> (Years) (12) BIRTHPLACE <i>Anderson CO</i> (13) OCCUPATION <i>Farmer</i>			MOTHER (14) NAME BEFORE MARRIAGE <i>Maudie Posten</i> (15) PRESENT POSTOFFICE OF MOTHER <i>Tarr SC</i> (16) COLOR OR RACE <i>white</i> (17) AGE AT LAST BIRTHDAY <i>31</i> (Years) (18) BIRTHPLACE <i>Anderson CO</i> (19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>Six</i>			(21) Number of children of this mother now living, including present birth <i>Six</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... *Born alive* ... at *1:40 P.M.* on the date above stated. (Born alive or stillborn) (Hour, M., or P.M.)

(23) (Signature) *Godman Bare W.D.*
 (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Tarr SC*

Given name added from a supplemental report

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

(27) Filed *Mar 9 1922* (28) *L. A. Todd* Local 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.

Registrar (29) Filed Local Registrar
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MARGIN RESERVED FOR BINDING.
 WHEN PLACING THIS ADMINISTRATION IN A PERMANENT RECORD, IN CASE OF TWIN OR TRIPLETS, SUBMIT SEPARATE RECORDS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1 THE OTHER, No. 2, etc. in question 6.