

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

File No. - For State Registrar Only  
**37085**

1) PLACE OF BIRTH

County of Anderson  
Township of Anderson  
or  
City of Anderson  
or  
City of Anderson

Registration District No. 31

Registered No. 420  
(For use of Local Registrar)

St. 6 Ward

(If birth occurs in a hospital or other institution, give name same instead of street and number.)  
child is not yet named, make supplemental report as directed

2) Full Name of Child

BOY OR  
GIRL?

(4) Twin  
or Triplet?

5

(5) Number in  
order of birth

6

(6) Are  
Parents  
Married?

y

(7) DATE OF

BIRTH

Jun 24 1922

(Name of Month) (Day) (Year)

MOTHER Cargill

FULL  
NAME

PRESENT  
POSTOFFICE  
OF FATHER

CHILD  
OR  
RACE

BIRTHPLACE

OCCUPATION

Number of children born to  
mother, including present birth

FATHER

(11) AGE AT LAST  
BIRTHDAY

34

(14) NAME BEFORE  
MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR  
OR  
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 2:30 am M.  
(Born alive or stillborn) (Hour, M. or P. M.)  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

en name added from a supplement  
report

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

(27) Filed 12-10-22

(28) F. B. CRAYTON,

(29) ANDERSON

When there was no attending physician or midwife, then the father, householder, etc., should make this report.  
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

(37) Filed 12-10-22

(38) ANDERSON

Local Registrar

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