

## (1) PLACE OF BIRTH

County of AndersonTownship of 1

or

Inc. Town of 1

or

City of 1

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28712

Registration District No. 3 ARegistered No. 376  
(For use of Local Registrar)

(No. .... 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 Aphelia Todd

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

(3) ☒ BOY  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH Apr 25  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William H. Todd(9) PRESENT  
POSTOFFICE  
OF FATHER Anderson(10) COLOR  
OR  
RACE White (11) AGE AT LAST  
BIRTHDAY 47  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Mill wgt(20) Number of children born to  
mother, including present birth 11

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Martina Saxepea(15) PRESENT  
POSTOFFICE  
OF MOTHER Anderson(16) COLOR  
OR  
RACE White (17) AGE AT LAST  
BIRTHDAY 42  
(Years)(18) BIRTHPLACE Ga(19) OCCUPATION Domestic(21) Number of children of this mother  
now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Crayton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
al report.(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)

F. B. CRAYTON,

(27) Filed ..... 19 ..... (28) ANDERSON, S.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.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.