

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

No. — For State Registrar Only
14399

City of Charleston
 County of Charleston
 State of South Carolina

Registration District No. 2 Registered No. 36
 (For use of Local Registrar)

City of Charleston (No. 1 St. 1 Ward 4)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child James If child is not yet named, make supplemental report as directed

Sex Male (1) Sex of Child Male (2) Date of Birth Feb. 28 1918
 (3) Date of Birth (Month) (Day) (Year)

FATHER.		MOTHER.	
(14) NAME BEFORE MARRIAGE <u>Levi Melburn Anderson</u>	(14) NAME BEFORE MARRIAGE <u>Ellen Harker</u>		
(15) PRESENT RESIDENCE OF FATHER <u>Gurley, S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Gurley, S.C.</u>		
(16) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>40</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>
(18) BIRTHPLACE <u>Harry County, S.C.</u>	(18) BIRTHPLACE <u>Harry County, S.C.</u>		
(19) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>		
(21) Number of children born to father, including present birth <u>two</u>	(21) Number of children of this mother now living, including present birth <u>one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Thomas
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Levy, S.C.

Give name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed 1918 (28) 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.

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