

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

File - For State Board  
**41117**

**(1) PLACE OF BIRTH**County of Calhoun

Township of .....

or Inc. Town of St. Matthews

or City of .....

Registration District No. 8.9Registered No. 41117  
(For use of Local Registrar)(No. .... St.; .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)**(2) Full Name of Child** Mary Louise Anderson If child is not yet named, make supplemental report and attach

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 5 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**(8) FULL NAME Jess. T. Anderson(9) PRESENT POSTOFFICE OF FATHER Timmons ville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 1**MOTHER.**(14) NAME BEFORE MARRIAGE Mayle Prickett(15) PRESENT POSTOFFICE OF MOTHER Timmons ville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
(Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) 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 Alive at 2.1 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Fanning M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

St. Matthews S.C.

Given name added from a supplemental report

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

(27) Filed Nov. 31 1922 (28) A. R. Able  
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.