(1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of Williamston Registration District No. 3-C Registered No. 28 (For use of Local Registrar)

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2766

(2) Full Name of Child James Edison Anderson (If child is not yet named, make supplemental report as directed)

(3) BOY OR	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
	To be answered only in event of Twins or Triplets			7b 14 1923

FATHER.		MOTHER.	
(8) FULL NAME	Jay Anderson	(14) NAME BEFORE MARRIAGE	Jeanette Warnock
(9) PRESENT POSTOFFICE OF FATHER	Williamston	(15) PRESENT POSTOFFICE OF MOTHER	Williamston
(10) COLOR OR RACE	Negro (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE	Negro (17) AGE AT LAST BIRTHDAY 52 (Years)
(12) BIRTHPLACE	Anderson Co	(18) BIRTHPLACE	Anderson Co
(13) OCCUPATION	Farm Tenant	(19) OCCUPATION	House wife
(20) Number of children born to mother, including present birth	9	(21) Number of children of this mother now living, including present birth	9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. T. Lander

(24) State whether Physician or Midwife M. D.

(25) Address of Physician or Midwife Williamston

Given name added from a supplemental report

.....

..... 19 .... Registrar

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

(27) Filed 3-9- 1923 (28) Gillian Russell 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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WRITE PLAINLY. WITH UNFADING INK—USE IN A TYPEWRITER.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.
McCain of Columbia, Columbia, S. C.