

## (1) PLACE OF BIRTH

County of

*Richland*

Township of

*Columbia*

Inc. Town of

or

City of

(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

5133

Registration District No.

*38042*

Registered No.

*12*

(For use of Local Registrar)

2) Full Name of Child *E. L. Anderson*

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

3) BOY OR GIRL

*Boy*

(4) Twin or Triplet?

(5) Number in order of birth

*1*

(6) Are Parents Married?

*yes*

(7) DATE OF BIRTH

*Feb 5 1903*

(Name of Month) (Day) (Year)

## FATHER.

4) FULL NAME

*Line Anderson*

5) PRESENT POSTOFFICE OF FATHER

*Columbia*

6) COLOR OR RACE

*Colored*

(8) AGE AT LAST BIRTHDAY

*27*

(Years)

7) BIRTHPLACE

*State Park*

8) OCCUPATION

*farm*

9) Number of children born to mother, including present birth

*1*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Estie Crumpton*

(15) PRESENT POSTOFFICE OF MOTHER

*Columbia*

(16) COLOR OR RACE

*Colored*

(17) AGE AT LAST BIRTHDAY

*24*

(Years)

(18) BIRTHPLACE

*Dentsville*

(19) OCCUPATION

*farm*

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

*3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *alive* at the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

*7 4*

(23) (Signature)

*E. A. Bell*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Richland**Box # 3*

Given name added from a supplemental report

(26) Witness

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

(27) Signed

*L. M. Taylor*

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.