

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 5.

MEANS OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of ables
Township of due west
OR
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

20637

Registration District No. 126 Registered No. 449
(For use of Local Registrar)

(2) Full Name of Child

Cloneton Anderson

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

July 18, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Edgear Anderson

(9) PRESENT POSTOFFICE OF FATHER

Homer Park #2

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Anderson Co.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Marshall

(15) PRESENT POSTOFFICE OF MOTHER

Homer Park #2

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Laurin Co.

(19) OCCUPATION

Housewife

(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 at 10 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 18, 1922 (28) J. H. Brack
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 required of stillbirths before the fifth month of pregnancy.