

(1) PLACE OF BIRTH

County of 7. Florence.
 Township of 7. Florence.
 or
 Loc. Town of 7. Florence.
 or
 City of 7. Florence.

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

File No.—For State Registrar Only
18539

Registration District No. 2.0..A. Registered No. 1.8.6.
 (For use of Local Registrar)
 (No. 512 N. Dargan St. St.; one Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3 SEX OF CHILD Girl 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? yes 7 DATE OF BIRTH June 5 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Mathie Mae Anderson.
 9 PRESENT POSTOFFICE OF FATHER 7. Florence. S.C.
 10 COLOR OR RACE Negro. 11 AGE AT LAST BIRTHDAY 44 (Years)
 12 BIRTHPLACE Florence, S.C.
 13 OCCUPATION Housew.

MOTHER.

14 NAME BEFORE MARRIAGE Lizzy Harrison.
 15 PRESENT POSTOFFICE OF MOTHER 7. Florence. S.C.
 16 COLOR OR RACE Negro. 17 AGE AT LAST BIRTHDAY 45 (Years)
 18 BIRTHPLACE Florence, S.C.
 19 OCCUPATION Housew.
 21 Number of children of this mother now living, including present birth Three.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22 I hereby certify that I attended the birth of this child, who was born alive at 8 A. M., on the date above stated. (Locally or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. L. Shrother,(24) State whether Physician or Midwife Physician.(25) Address of Physician or Midwife 105 N. Dargan St.

Given name added from a supplemental report

(26) Witness

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

15 Registrar

(27) Filed June 17 22(28) C. C. Craftman Local Registrar

If 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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