

(1) PLACE OF BIRTH
County of Anderson
Township of

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

File No.—For this register only
38541

City of Anderson (No. 403 East Short St.) (Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Eva Marshall If child is not yet named, make supplemental report as directed

(3) SEX OR SEX? girl (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? ✓ (7) DATE OF BIRTH Nov. 28, 1920 (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wm. Bussie
(9) PRESENT POSTOFFICE OF FATHER Norfolk, Va.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY ? (Years)
(12) BIRTHPLACE

MOTHER.
(13) NAME BEFORE MARRIAGE Wattie M. Marshall
(14) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.
(15) COLOR OR RACE Negro (16) AGE AT LAST BIRTHDAY 18 (Years)
(17) BIRTHPLACE Follett Co. Ga.
(18) OCCUPATION Domestic
(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Date A. M. or P. M.)
(21) (Signature) F. A. Brant
(22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report
(24) Witness (Signature of Witness necessary only when question 20 is signed) E. GRAYTON,
(25) Filled (26) ANDERSON, 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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