

(1) PLACE OF BIRTH

County of YorkTownship of YorkInc. Town of YorkCity of York

(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

19557

Registration District No. 4405 Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child Rosa Agnes Anderson

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

(1) BOY OR GIRL Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4 1955 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Anderson(9) PRESENT POSTOFFICE OF FATHER York S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE York S.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Crawford(15) PRESENT POSTOFFICE OF MOTHER York S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE York S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive 12 30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M., M.)(22) (Signature) Philip P. Anderson

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Physician York S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed June 6 1955 (27) 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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