

Form No. 3

(1) PLACE OF BIRTH

County of Lee
 Township of St. Charles
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

43418

Registration District No. 2007 Registered No. 76
 (For use of Local Registrar)

(No. 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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH April 28, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Golden Anderson(9) PRESENT POSTOFFICE OF FATHER St. Charles(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE St. Charles(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Rosa Anderson(15) PRESENT POSTOFFICE OF MOTHER St. Charles(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE St. Charles(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 A M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa Anderson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Charles

Given name added from a supplement-
 al report

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

(27) Filed April 28, 1922 (28) Paul A. Curry 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.