

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Registrar Only	
County of <u>Aiken</u>		STATE OF SOUTH CAROLINA		2674	
Township of <u>Millboro</u>		Bureau of Vital Statistics			
City of .....		State Board of Health			
Inc. Town of .....		Registration District No. <u>207</u>		Registered No. ....	
OF .....				(For use of Local Registrar)	
City of .....		(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 <u>Rebecca Anderson</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>Single</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>1926 25 23</u>	
		To be answered only in case of Twin or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Arthur Andrew</u>			(14) NAME BEFORE MARRIAGE <u>Emory Henderson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Aiken S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Aiken S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u>			(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>
				(Year)	
(12) BIRTHPLACE <u>Aiken Co S.C.</u>			(18) BIRTHPLACE <u>Aiken Co S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 11:17 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Anderson

(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 1926 25 23 (28) A. C. OAK 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.