

(1) PLACE OF BIRTH

County of LorenceTownship of Epworth

Inc. Town of

City of

(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

85591

Registration District No. 2044Registered No. 79

(For use of Local Registrar)

(2) Full Name of Child

Mildred Evelyn Anderson

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

L. N. Charles Anderson

(9) PRESENT POSTOFFICE OF FATHER

Union Mills(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY

18 (Years)

(12) BIRTHPLACE

Union Mills

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

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MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth S. Parker

(15) PRESENT POSTOFFICE OF MOTHER

Union Mills(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY

10 (Years)

(18) BIRTHPLACE

Union Mills

(19) OCCUPATION

Housekeeper

(21) Number of children of this mother now living, including present birth

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Union Mills (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) W. G. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Union Mills

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness

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

(27) Filed

Nov 15 1916

(28)

W. G. H. H. 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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