

1. PLACE OF BIRTH
County of Florence
Township of Effingham
or
City of

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 2024

FILE No.—For State Registrar Only
17614-A

Registered No. _____
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
2. FULL NAME OF CHILD Louise Lindfors Anderson
(If child is not yet named, make supplemental report as directed.)

1. Boy or Girl 11. Plural 4. Twin, triplet, or other 6. Premature 7. Are Parents 8. Date of Birth June 23
12. Number, in order of birth Full term Married Birth 19 23
(Month, day, year)

9. Full name of FATHER James Byrd Anderson

18. Name before marriage of MOTHER Louise Lindfors Møller

10. Residence (mailing address) Timmonsville, R.1
(If non-resident, give place and State)

19. Residence (mailing address) Timmonsville, R.1
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 30 (Years)

20. Color or race W 21. Age at last birthday 29 (Years)

13. Birthplace (city or place) Florence Co.
(State or country) S. C.

22. Birthplace (city or place) Columbia
(State or country) S.C. 3000 Main St.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work 19

17. Total time (years) spent in this work 2

25. Date (month and year) last engaged in this work 19

26. Total time (years) spent in this work 2

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

28. If stillborn, (a) months (b) weeks 29. Cause of stillbirth Before labor During labor

Specify any physical deformities of child at birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 1:30 A on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) M. H. Hanch, M.D.
or Florence S.C. Midwife

Given name added from a supplemental report (Date of)

Address
Filed Sept. 24, 1927 M.B. Anderson

Registrar.