

WHITE PLAIN, 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

County of Richland

Township of Center

or
Inc. Town of

or
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

91593

Registration District No. 3881 Registered No. (For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Julia Anderson

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

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec. 29, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Archib Anderson

(9) PRESENT POSTOFFICE OF FATHER Dentsville SC

(10) COLOR OR RACE Colloid (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Richland County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Purl Watson

(15) PRESENT POSTOFFICE OF MOTHER Dentsville SC

(16) COLOR OR RACE Colloid (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Richland County

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11.00 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. W. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Dentsville SC

Given name added from a supplemental report

(26) Witness W. B. Dent (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1916 (28) 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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