

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville
 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
40535

Registration District No. 106 Registered No. 51
 (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 Isabel Virginia Anderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL GIRL (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 21, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Anderson
 (9) PRESENT POSTOFFICE OF FATHER Wm Fresh & Co
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28
 (Years)
 (12) BIRTHPLACE Abbeville S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Reeder
 (15) PRESENT POSTOFFICE OF MOTHER Wm Fresh & Co
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28
 (Years)
 (18) BIRTHPLACE Abbeville S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.... Alive.... at.... 6 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Matilda Smith
 (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 Dec 30, 1922 (28) J. H. Donald 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.

MARGIN RESERVED FOR BINDING.

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 6.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.