

(1) PLACE OF BIRTH

County of Lee
 Township of Lynchburg
 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

43376

Registration District No. 3002 Registered No. 177
 (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 Postema Andrews If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 22 22
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Charlie Andrews
 (9) PRESENT POSTOFFICE OF FATHER Lynchburg S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
 (Years)
 (12) BIRTHPLACE Lee Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Letitia Moses
 (15) PRESENT POSTOFFICE OF MOTHER Lynchburg S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
 (Years)
 (18) BIRTHPLACE Sumter Co. S.C.
 (19) OCCUPATION House work
 (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 born alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion Anderson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lynchburg S.C.

Given name added from a supplemental report

(26) Witness J. P. McIntosh
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1/4 19 22 (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.