

(1) PLACE OF BIRTH

County of York
 Township of Phillips Creek
 or
 Inc. Town of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

34254

Registration District No. 4408 Registered No. 46
 (For use of Local Registrar)

City of (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 Paula M. Anderson If child is not yet named, make appropriate report as directed

Sex Girl Age at Birth 1 Date of Birth Sept 12, 29
 Is the child a resident of this State? yes

FATHER		MOTHER	
(1) NAME	<u>Tom Anderson</u>	(1) NAME BEFORE MARRIAGE	<u>Ira Rainey</u>
(2) CURRENT RESIDENCE OF FATHER	<u>Sharon S.C.R.#1</u>	(2) CURRENT RESIDENCE OF MOTHER	<u>Sharon S.C.R.#1</u>
(3) COLOR	<u>Black</u>	(3) COLOR	<u>Black</u>
(4) AGE AT LAST BIRTHDAY	<u>37</u>	(4) AGE AT LAST BIRTHDAY	<u>32</u>
(5) BIRTHPLACE	<u>York Co S.C.</u>	(5) BIRTHPLACE	<u>York Co S.C.</u>
(6) OCCUPATION	<u>Farmer</u>	(6) OCCUPATION	<u>Housewife</u>
(7) Number of children born to mother, including present birth	<u>3</u>	(7) Number of children of this mother now living, including present birth	<u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(8) I hereby certify that I attended the birth of this child, who was born alive at 9:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(9) (Signature) J. H. Davis
 (10) State whether Physician or Midwife
 (11) Address of Physician or Midwife Sharon S.C.

Given name added from a supplementary report

Janine S. Rainey
Sept 22, 1929

(12) Witness (Signature of Witness necessary only when question 11 is signed by mother)

(13) Signed Sept 12, 1929 (14) W. C. Mitchell

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.