

(1) PLACE OF BIRTH

County of AndersonTownship of 2Ina. Town of 4City of 1

(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

2756

Registration District No. 3ARegistered No. 61
(For use of Local Registrar)Ward) 1(2) Full Name of Child Charles T. Anderson If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy (2) SEX Male (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH 4/1/27 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(6) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Leila Freeman</u>
(6) PRESENT POSTOFFICE OF FATHER	<u>Anderson</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Anderson</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)
(12) BIRTHPLACE <u>N.C.</u>		(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Mill Sae</u>		(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on 4/1/27 at Anderson (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) J. B. Crayton
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

101

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 101 (28) E. B. CRAYTON,
ANDERSON, S.C. 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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