CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
32710

(1) PLACE OF BIRTH
County of York
Township of [illegible]
or
Inc. Town of .....
or
City of Rock Hill
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 448
Registered No. 180
(For use of Local Registrar)
(No. Charlotte Ave St.; ..... Ward)

(2) Full Name of Child Robert W. Anderson
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or triplet? No (To be answered only in event of twin or triplet)
(5) Number in order of birth 2
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Sept. 11 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Anderson
(9) PRESENT POSTOFFICE OF FATHER Rock Hill S C
(10) COLOR OR RACE Colored
(11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE York County
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Magnolia Leroby
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S C
(16) COLOR OR RACE Colored
(17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE York County
(19) OCCUPATION Domestic
(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 5:35 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Rock Hill S C

Given name added from a supplemental report ..... 191....
..... Registrar

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

(27) Filed 10/17 1922 (28) [illegible]
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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