

(1) PLACE OF BIRTH
County of Richmond
Township of Central
or
Inc. Town of

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

FILE - 17555-10000
37253

Registration District No. 220 Registered No. 2121
(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 Fanny Berry Anderson If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) TIME OF BIRTH 10 (5) DAY OF BIRTH 27 (6) DATE OF BIRTH Oct. 27, 1923
(Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME James Andrew Anderson
(8) PRESENT RESIDENCE OF FATHER Central #7
(9) COLOR White (11) AGE AT LAST BIRTHDAY 37
(12) BIRTHPLACE Oconee Co
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present one 10

MOTHER.

(15) FULL NAME Emma Berry Allen
(16) PRESENT RESIDENCE OF MOTHER Central #6
(17) COLOR White (18) AGE AT LAST BIRTHDAY 36
(19) BIRTHPLACE Central S.C.
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present one 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lawrence G. Clayton M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Central #6

Given name added from a supplemental report

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

(27) Filed Dec. 9, 1923 (28) J. H. Anderson Local Registrar

When birth is by 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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