

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of Aurice
 or
 Inc. Town of Simpsonville Registration District No. 2200 Registered No. 64
 or
 City of _____ (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
64473

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 11</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Pat Anderson</u>	(14) NAME BEFORE MARRIAGE <u>Sallie Beerside</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Simpsonville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>			
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Laurens Co</u>	(18) BIRTHPLACE <u>Laurens Co</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House Work</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) M. C. Smith
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Simpsonville S.C.

Given name added from a supplemental report _____, 191____ _____ Registrar	(26) Witness _____ <small>(Signature of Witness necessary only when question 23 is signed by mark)</small> (27) Filed <u>July 4 1916</u> (28) <u>L. L. Richardson</u> Local Registrar
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*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.