

(1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....

or  
(City of .....

(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

38401

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

(2) Full Name of Child

Ann L. Anderson

If child is not yet named, make supplemental report as directed

(3) <input checked="" type="checkbox"/> GIRL <input type="checkbox"/> BOY	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number to order of birth	(6) Sex <u>Female</u>	(7) Date of Birth <u>Dec 4 1941</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE <u>John Anderson</u>	
(9) PRESENT POSTOFFICE OF FATHER			(16) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>	
(10) COLOR OR RACE			(18) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY (Years)
(15) BIRTHPLACE			(15) BIRTHPLACE <u>S.C.</u>	
(12) OCCUPATION			(20) OCCUPATION <u>Home Work</u>	
(21) Number of children born to mother, including present birth			(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 ...  
on the date above stated.

(23) (Signature) J. J. Anderson  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)  
F. B. CRAYTON,

(27) Filed Dec 14 1941 (28) ANDERSON

When there was no attending physician or midwife, then the father, household, 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.

(Date of)

Address Route 2, Anderson  
Filed AUG. 20 1941

Registrar