

## (1) PLACE OF BIRTH

County of Horry  
 Township of Simpson Creek,  
 or  
 Inc. Town of.....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19060

Registration District No. 2509 Registered No. 54  
 (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 James Myron Anderson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH May 15 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Alton H. Anderson,

(9) PRESENT POSTOFFICE OF FATHER Run Away,

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21  
 (Years)

(12) BIRTHPLACE Dont know

(13) OCCUPATION Dont know

(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Dulah A. Boyd,

(15) PRESENT POSTOFFICE OF MOTHER Allsbrook, # 2, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
 (Years)

(18) BIRTHPLACE Horry County, S.C.

(19) OCCUPATION House Work,

(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 11:40 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Morish Demitt

(24) State whether Physician or Midwife (25) Address of Physic or Midwife Midwife Allsbrook S.C.

Given name added from a supplement-  
 tal report

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

(27) Filed June 8th 1922 (28) James Anderson  
 Registrar 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.