

(1) PLACE OF BIRTH

County of Anderson

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

File No.—For State Registrar Only
47319

Registration District No. 3A Registered No. 50
(For use of Local Registrar)

(2) Full Name of Child Geo. Walter West

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

(3) BOY OR GIRL? B (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Feb. 11, 1916
To be answered only in event of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Wells

(14) NAME BEFORE MARRIAGE Callie Thompson

(9) PRESENT POSTOFFICE OF FATHER R. R. Anderson 30

(15) PRESENT POSTOFFICE OF MOTHER same

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Ridgefield S. C.

(18) BIRTHPLACE Abbeville S. C.

(13) OCCUPATION Iron Lab

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 14

(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Blue at 7:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. D. Thompson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife M. D. Anderson S. C.

Given name added from a supplemental report

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

(27) Filed 191 (28) J. B. Crawford 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.

Registrar I Local Registrar

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FORM NO. 8. REVISION FEBRUARY 1916. THE BIRTH OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. M. D. McCay, of Columbia