

MARGIN RESERVED FOR ENDORS.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 A. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

State of South Carolina, Columbia, S. C.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. 1-For Sub Registrar
30999

County of Anderson

Township of Sumner

Inc. Town of

Registration District No. 311

Registered No. 30999
 (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 Aranson Pickens

(3) SEX Boy (4) Type yes (5) Number in yes (6) DATE OF 002320
 or Twin or Triplet To be answered only in event of Twin or Triplet BIRTH (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Anderson Pickens
 (9) PRESENT RESIDENCE OF FATHER Anderson S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Year)
 (12) BIRTHPLACE Anderson Co
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth One

MOTHER.
 (14) NAME BEFORE MARRIAGE Ans. Reef
 (15) PRESENT RESIDENCE OF MOTHER Star S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 12 (Year)
 (18) BIRTHPLACE Anderson Co
 (19) OCCUPATION Farming
 (20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 8 P. M.

(22) (Signature) Lizzie Bolden
 (23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Star S.C.

Given name added from a supplemental report

 Registrar

(25) Witness Mrs. S. J. Carle
 (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed Nov 9 23 (27) Margie Todd
 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.