

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 QUOTES & BETWEEN OR BETWEEN COLUMNS.

## (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.)

## (2) Full Name of Child

Maria Louise Hall

File No.—For State Registrar Only  
**44368**

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 3A

Registered No. 153  
 (For use of Local Registrar)

Ward

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

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept 3 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charles Reese McDonald</u>			(14) NAME BEFORE MARRIAGE <u>Mariae Hall</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Ira. S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson Hospital</u>	
(10) COLOR OR RACE <u>w</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Year)	(16) COLOR OR RACE <u>w</u>		
(12) BIRTHPLACE <u>Anderson C.</u>		(17) AGE AT LAST BIRTHDAY <u>36</u> (Year)		
(13) OCCUPATION <u>Book keeper</u>		(18) BIRTHPLACE <u>Anderson C.</u>		
(19) Number of children born to mother, including present birth <u>6</u>		(20) OCCUPATION <u>domestic</u>		
		(21) Number of children of this mother now living, including present birth <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 a. m.  
 on the date above stated. (Born alive or stillborn Hour, M. or P. M.)

(23) (Signature) Willie Anderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is "Stillborn")

RAYTON,

(27) Filed

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(28)

ANDERSON, S. C.

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.

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