

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamson
 Inc. Town of Jefferson
 City of

CERTIFICATE OF BIRTH

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

No. for this Register 31560

Registration District No. 32Registered No. 1515
(For use of Local Registrar)

(No. St. Word)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child

Little Anna May Southland

3) BOY OR GIRL

girl

4) Twin or Triplet

FATHER.

5) FULL NAME

Dazie Southland

6) PRESENT POSTOFFICE OF FATHER

Pelzer St

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

20
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

mill work

(14) AGE AT BIRTH

(7) DATE OF BIRTH

Nov 18 1923
(Month of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE

Grace M. Heath

(15) PRESENT POSTOFFICE OF MOTHER

Pelzer St

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

12
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

one

20) Number of children born to mother, 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 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature)

(24) State whether

Physician or Midwife

midwife

(25) Address of Physician or Midwife

Pelzer St

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

Dec 22 1923

(28)

A. L. Cushman
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.