

(1) PLACE OF BIRTH

County of Richland
Township of Flower
or
Loc. Town of.....
City of Eastover S.C.

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

No. 20996
For State Registrar Only

Registration District No. 38.0.3. Registered No. 25-1
(For use of Local Registrar)

(2) Full Name of Child Lawrence Anderson (if child is not yet named, make supplemental report as directed)

BOY OR GIRL Boy (4) Twin or Triplet Triplet (5) Number in order of birth 9 (6) Are Parents Married Yes (7) DATE OF BIRTH sep 10 1923
To be answered only in event of Twin or Triplet (Month of Month) (Day) (Year)

FATHER.
(8) FULL NAME Arther Anderson
(9) PRESENT POSTOFFICE OF FATHER Eastover S.C.
(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 38
(12) BIRTHPLACE Farming S.C.
(13) OCCUPATION
(14) Number of children born to mother, including present birth 11

MOTHER.
(14) NAME BEFORE MARRIAGE Fannie Anderson
(15) PRESENT POSTOFFICE OF MOTHER Eastover S.C.
(16) COLOR OR RACE color (17) AGE AT LAST BIRTHDAY 29
(18) BIRTHPLACE Farming S.C.
(19) OCCUPATION
(20) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(21) I hereby certify that I attended the birth of this child, who was alone at 4 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)
(22) (Signature) midwife (23) Address of Physician or Midwife midwife
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
alice hix
september 19 23
Registrar

(26) Witness alice hix
(Signature of Witness necessary only when question 23 is signed by parent)
(27) Filed 7/16 19 23 (28) L. H. Seaman
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.