

(1) PLACE OF BIRTH

County of Richland
 Township of Lower
 or
 Inc. Town of.....
 or
 City of Eastover S.C. (No. St. Ward)

CERTIFICATE OF BIRTH

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

No. 29996 For State Registrar Only

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

(2) Full Name of Child Thomas 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 (Year)
 (12) BIRTHPLACE Fanning S.C.
 (13) OCCUPATION

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 (Year)
 (18) BIRTHPLACE Fanning S.C.
 (19) OCCUPATION

(20) Number of children born to mother, including present birth Nine (21) Number of children of this mother now living, including present birth Nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) 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.)

(23) (Signature) midwife (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife midwife

Given name added from a supplemental report

Alice Hix
September 1923
 Registrar

(26) Witness Alice Hix (Signature of Witness necessary only when question 22 is signed by parent)

(27) Filed 7/16 1923 (28) L. H. Jackson 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.