

(1) PLACE OF BIRTH

County of AndersonTownship of AndersonLoc. Town of AndersonCity of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only.

24626

Registration District No. 313 Registered No. 64

(For use of Local Registrar)

(No. 1 St. 1 Ward 1)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Ann Lee McDonald If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Female (4) Twin or triplet? 1 (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH 5. 12. 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. H. McDonald(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE E. S. Sherman(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at 7:50 A. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) A. J. Anderson(23) State whether Physician or Midwife (24) Address of Physician or Midwife Anderson

Name added from a supplemental report

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Registrar

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

(26) Filed May 22 1922 (27) A. S. Fleming Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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