

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28702

County of Anderson  
Township of Anderson  
or Anderson  
Inc. Town of Anderson  
or Anderson  
City of Anderson

Registration District No. 3ARegistered No. 343-  
(For use of Local Registrar)(No. 30 St.; Sixth Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Lena McQueen

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

(3) BOY OR GIRL? Girl  
(4) Twin or Triplet? —  
(5) Number in order of birth —  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 20, 1922  
(Named Month) (Day) (Year)

## FATHER.

(8) FULL NAME Evans Alston McQueen(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Georgia(13) OCCUPATION mill work(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Beulah Davidson(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Georgia(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3:00 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. B. Crayton(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson, SC

Given name added from a supplemental report

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

(27) Filed 19 (28) F. B. CRAYTON, Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., must 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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