

(1) PLACE OF BIRTH

County of WashingtonTownship of 11or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
29836Registration District No. 5. D. 1. Registered No. 80
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Jane Anderson (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 -(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 29, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Manly Anderson(9) PRESENT POSTOFFICE OF FATHER Washington Co R(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Washington Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Junie Holmes(15) PRESENT POSTOFFICE OF MOTHER Washington Co R(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Washington Co(19) OCCUPATION at home(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 10:45 P.M.,
(Born alive or stillborn) (Hour A. M. or P.M.)
on the date above stated.(23) (Signature) Aussie Warren(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Washington S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 2, 1922 (28) W. E. Early 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.