

THIS PLACE FOR SIGNATURE OF REGISTRAR IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-DOB, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Anderson
 Township of Savannah
 or
 Inc. Town of
 or
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
250

Registration District No. 311 Registered No. 1
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 2 22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Johnnie F. Anderson</u>	(14) NAME BEFORE MARRIAGE <u>Nannie Marcus</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Starke S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER _____		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY (Years) _____	(16) COLOR OR RACE _____	(17) AGE AT LAST BIRTHDAY (Years) _____
(12) BIRTHPLACE <u>Anderson Co.</u>	(18) BIRTHPLACE _____		
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION _____		
(20) Number of children born to mother, including present birth <u>1 6</u>	(21) Number of children of this mother now living, including present birth <u>1 6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nannie Reed
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Prader St. S.C.

Given name added from a supplemental report _____

(25) Witness _____
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 4th 9 19 22 (28) L. A. Todd
 Registrar 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.