

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Abbeville
Township of Donalds
or
Inc. Town of
City of
(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
45121

Registration District No. 106 Registered No. 88
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twin or Triplet</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 3</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>E. D. Anderson</u>	(14) NAME BEFORE MARRIAGE <u>Mary Butler</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Donalds</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Donalds</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Abbeville co</u>	(18) BIRTHPLACE <u>Abbeville co</u>	(13) OCCUPATION <u>Farmer Tenant</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Evans
(24) State whether Physician or Midwife
Midwife
(25) Address of Physician or Midwife
Donalds

(26) Witness D. M. H.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 12 1916 (28) D. M. H. Local Registrar

Given name added from a supplemental report
....., 191....
.....
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.

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