

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD, and mark the  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the  
MEANS OF COLUMBIA, COLUMBIA S. C.

(1) PLACE OF BIRTH

County of Adams  
Township of St. John  
or  
Inc. Town of.....  
or  
City of .....

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

File No.—For State Registrar Only  
**18447**

Registration District No..... Registered No. 17  
(For use of Local Registrar)

(2) Full Name of Child

1) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 2 6) Are Parents Married? Yes 7) DATE OF BIRTH June 10 1922  
(Name of Month) (Day) (Year)

FATHER.  
8) FULL NAME John Anderson  
9) PRESENT POSTOFFICE OF FATHER Sumter S.C.  
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 30  
(Years)  
12) BIRTHPLACE Sumter County  
13) OCCUPATION Farmer  
14) Number of children born to mother, including present birth 2

MOTHER.  
14) NAME BEFORE MARRIAGE Hennie Lee Davis  
15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.  
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 27  
(Years)  
18) BIRTHPLACE Sumter County  
19) OCCUPATION Housewife  
20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. J. Hunter (24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

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

(27) Filed July 10 1922 (28) P. H. Shuck 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.