

Form No. 1

(1) PLACE OF BIRTH

County of Marion
Township of Smithville
OF
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

1635

Registration District No. 330A Registered No. 8
(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 Sargent L. Anderson

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

3) BOY OR GIRL 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? 7) DATE OF BIRTH Feb. 17 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Betty B. Anderson
9) PRESENT POSTOFFICE OF FATHER Smithville
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 37 (Years)
12) BIRTHPLACE S.C.
13) OCCUPATION Farmer
20) Number of children born to mother, including present birth 10

MOTHER.

14) NAME BEFORE MARRIAGE Wilmer dr. Gerson
15) PRESENT POSTOFFICE OF MOTHER Smithville
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY (Years)
18) BIRTHPLACE
19) OCCUPATION House Work
21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was at 10 A. M., on the date above stated. (Born alive—stillborn— Hour A. M. or P. M.)

(23) (Signature) L. B. Tucker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Date Feb. 22 1923 (28) Local Registrar. W. N. Riser

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

When placed, with a separate one, in a permanent folder, and made the case of this child, it is not necessary to make any other record. No other record is necessary.