

## (1) PLACE OF BIRTH

County of Horry  
 Township of Floyds  
 or  
 Inc. Town of Causey, S.C.  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4256

Registration District No. 26 Registered No. 26  
 (For use of Local Registrar)

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

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

(1) BOY OR GIRL Girl (4) Twin or Triplet No To be answered only in case of Twin or Triplet (5) Sex of Child Yes (6) DATE OF BIRTH 2-20-23 (Name of Month) (Day) (Year)

## FATHER.

(7) FULL NAME Arnold Mallard Anderson

(8) PRESENT POSTOFFICE OF FATHER Causey, S.C.

(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 34 (Year)

(11) BIRTHPLACE Bayboro, S.C.

(12) OCCUPATION Commissary Mgr.

(13) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Waller

(15) PRESENT POSTOFFICE OF MOTHER Causey, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Year)

(18) BIRTHPLACE Causey, S.C.

(19) OCCUPATION Housekeeping

(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 4: AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dr. L.D. Floyd, Cerro Gordo

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Date Feb 23 1923 (27) L. D. Floyd 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.