

(1) PLACE OF BIRTH

County of AbbevilleTownship of Magnoliaor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 189

File No.—For State Registrar Only

6228

Registered No. 10
(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 Died without name If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 2, 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME John Anderson
(9) PRESENT POSTOFFICE OF FATHER Abbeville R.F.D. #1
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 24
(Years)
(12) BIRTHPLACE Abbeville co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2MOTHER.
(14) NAME BEFORE MARRIAGE Ethel Hagar
(15) PRESENT POSTOFFICE OF MOTHER Abbeville R.F.D. #1
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 28
(Years)
(18) BIRTHPLACE Abbeville co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Luba Rice
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

(26) Witness Wm. H. H. H. (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed March 3, 1922 (28) J. B. H. H. 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.