

## (1) PLACE OF BIRTH

County of Greenville.....Township of Chick Springsor  
Inc. Town of Greer, S.C.or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. 28469 - For State Registrar's UseRegistration District No. 22-B Registered No. 29  
(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 Anderson Volacken

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

(3) BOY OR  
GIRL Boy(4) Twin  
or Triplet

To be answered only in event of Twin or Triplet

(5) Number in  
order of birth(6) Are  
Parents  
Married yes

(7) DATE OF

BIRTH July 5, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Washington Lee Volacken(9) PRESENT  
POSTOFFICE  
OF FATHER Greer, S.C.(10) COLOR  
OR  
RACE Black (11) AGE AT LAST  
BIRTHDAY 48  
(Years)(12) BIRTHPLACE  
Spartanburg County, S.C.(13) OCCUPATION  
Checking in lumber plant(14) Number of children born to  
mother, including present birth 3

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Hattie Coleman(15) PRESENT  
POSTOFFICE  
OF MOTHER Same(16) COLOR  
OR  
RACE black (17) AGE AT LAST  
BIRTHDAY 30  
(Years)(18) BIRTHPLACE  
Lexington County, S.C.(19) OCCUPATION  
domestic(20) Number of children of this mother  
now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive..... at 11:20 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) H. H. Rockman(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife  
Greer, S.C.Given name added from a supplement-  
al report

(25) Witness .....

(Signature of Witness necessary only  
when question 23 is signed by mark)(26) Filed 10/10 1923 (27) J. W. G. B.

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.When a child is reported as stillborn. No report is desired of stillbirths  
before the fifth month of pregnancy.