(1) PLACE OF BIRTH

County of Sumter

Township of Lafayette Creek

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
12197

Registration District No. 41.16. Registered No. 24
(For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
Girl		1	No	April 7th 1923

FATHER.

(8) FULL NAME: Joe Anderson

(9) PRESENT POSTOFFICE OF FATHER: Hagood SC

(10) COLOR OR RACE: Nego (11) AGE AT LAST BIRTHDAY: 17 (Years)

(12) BIRTHPLACE: Sumter Co

(13) OCCUPATION: Field Labor

(14) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE: Jannie Anderson

(15) PRESENT POSTOFFICE OF MOTHER: Hagood SC

(16) COLOR OR RACE: Nego (17) AGE AT LAST BIRTHDAY: 16 (Years)

(18) BIRTHPLACE: Sumter Co

(19) OCCUPATION: Field Labor

(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 Born alive (Born alive or stillborn) at 6 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rosa L. Lazar

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Hagood SC

(Given name added from a supplemental report) ..... 19 .... Registrar

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

(27) Filed April 17th 1923. (28) W. C. Hallman 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.