

(1) PLACE OF BIRTH

County of GreenvilleTownship of Anderson

Inc. Town of

City of

(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 HealthNo. 139-22-081110
For State Registrar OnlyRegistration District No. 2200 Registered No. 14
(For use of Local Registrar)(2) Full Name of Child Charles Anderson

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

(3) SEX OR
SEXM(4) Type
of Infant

Is in normal state of birth or triplet

(5) Number in
order of birth(6) Age
at birth(7) DATE OF
BIRTHJan 20 1922
(Month of Birth) (Day) (Year)

FATHER.

(8) NAME
BEFORE
MARRIAGEPat. Anderson(9) PRESENT
RESIDENCE
OF FATHERSimpsonville(10) COLOR
OR
RACEB.(11) AGE AT LAST
BIRTHDAY26
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming(14) Number of children born
to father, including present one6

MOTHER.

(14) NAME BEFORE
MARRIAGEEmmie Burdick(15) PRESENT
RESIDENCE
OF MOTHERSimpsonville(16) COLOR
OR
RACEB.(17) AGE AT LAST
BIRTHDAY25
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife(20) Number of children of the mother
now living, including present one5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... born alive or stillborn... at 4 P.M.
on the date above stated. (Hour A.M. or P.M.)(22) (Signature) E. R. Richardson

(23) State whether Physician or Midwife

(24) Address of Phys. or Midwife

SimpsonvilleGiven name added from a supplement-
tal report

(25) Witness

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

(26) Filed

Feb 12 1922

(27) Local Registrar

E. R. RichardsonWhen 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.

AFFIDAVIT NEXT FRAME

6176