

## (1) PLACE OF BIRTH

County of AndersonTownship of Andersonor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24463

Registration District No. 200 Registered No. 27

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

(3) <del>BOY OR GIRL?</del>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 14, 1922</u> (Name of Month) (Day) (Year)
-----------------------------	----------------------	------------------------------	-------------------------------------	--

## FATHER.

(8) FULL NAME Edmund Henson(9) PRESENT POSTOFFICE OF FATHER Anderson P.M. 5(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36  
(Years)(12) BIRTHPLACE Anderson County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Esther Goldsman(15) PRESENT POSTOFFICE OF MOTHER Anderson P.M. 5(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Anderson County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was white at 10:30 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harvey W. Wynn

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug. 14, 1922 (28) M. Bohm 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.

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.