

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
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 Health

File No.—For State Registrar Only

40763

Registration District No. 34Registered No. 100
(For use of Local Registrar)(No. Anderson St.; Ward)(2) Full Name of Child Marion Anderson

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Dec. 5, 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Zellman Anderson(9) PRESENT POSTOFFICE OF FATHER Anderson, D.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Clarksville, Ga.(13) OCCUPATION mill operator(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lella Sykes(15) PRESENT POSTOFFICE OF MOTHER Anderson, D.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Salisbury N.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive nt. M.,
on the date above stated. (Born alive or stillborn: (Hour, M., or P. M.))(23) (Signature) J. H. Crayton

(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 1-10-28 (28) ANDERSON Local Registrar.*When there was no attending physician or midwife, then the father, householder, etc., should make report.
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.

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