

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville
Township of Grovi
or
Inc. Town of
or
City of

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

Registration District No. 2210 Registered No. 84
(For use of Local Registrar)

File No.—For State Registrar Only
90150

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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 26, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Anderson
(9) PRESENT POSTOFFICE OF FATHER Simpsonville
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hellie Roseman
(15) PRESENT POSTOFFICE OF MOTHER Simpsonville
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Evans

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

Given name added from a supplemental report

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

(27) Filed Jan 9, 1917 (28) S. A. Mims 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.