

## (1) PLACE OF BIRTH

County of Sumter  
 Township of S. C. Liberty  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**37850**

Registration District No. 4159 Registered No. 69  
 (For use of Local Registrar)

City of ..... (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 Thelma Lee Anderson (If child is not yet named, make supplemental report as directed)

3 SEX OR ONLY	4 Twin or Triplet?	5 Number in order of birth	6 Are Parents Married?	7 DATE OF BIRTH (Name of Month) (Day) (Year)
	To be answered only in event of Twin or Triplet			
FATHER.			MOTHER.	
8 FULL NAME	14 NAME BEFORE MARRIAGE			
9 PRESENT POSTOFFICE OF FATHER	15 PRESENT POSTOFFICE OF MOTHER			
10 COLOR OR RACE	11 AGE AT LAST BIRTHDAY (Years)	16 COLOR OR RACE	17 AGE AT LAST BIRTHDAY (Years)	
12 BIRTHPLACE		18 BIRTHPLACE		
13 OCCUPATION		19 OCCUPATION		
20 Number of children born to mother, including present birth	21 Number of children of this mother now living, including present birth			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(If name added from a supplemental report)

(26) Witness

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

(27) Filed

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.