

(1) PLACE OF BIRTH

County of RichlandTownship of Blythe

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 Health

No. 1a.—For State Registrar Only

29966

Registration District No. 3800 Registered No. 122
(For use of Local Registrar)(2) Full Name of Child Kelli Anderson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Yrs (7) DATE OF BIRTH Sept 3 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME N. O. Anderson(9) PRESENT POSTOFFICE OF FATHER Bookman(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Merfield Co(13) OCCUPATION Wage hand(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Miles(15) PRESENT POSTOFFICE OF MOTHER Bookman(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Richland Co(19) OCCUPATION House work(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 alive 8 1/2 hrs
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucia Boulware

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness 1874

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

(27) Filed Sept 10 1923 (28) W. A. McLean 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.