

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Yllocut
 or
 Inc. Town of Yllocut
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19672

Registration District No. 5605Registered No. 52
(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH June 6, 1928
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME D. H. Anderson(9) PRESENT POSTOFFICE OF FATHER Elloree D.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Orly. Co. D.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Mozie Bootright(15) PRESENT POSTOFFICE OF MOTHER Elloree D.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Elloree D.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 A.M. or P.M., on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature) Mora Amatter
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Elloree

Given name added from a supplemental report

(26) Witness D. H. Anderson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 15, 1928 (28) Elloree 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.