

(1) PLACE OF BIRTH
County of Greenville

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

File No.—for State Registrar Only
24551

Township of

Inc. Town of

City of Greenville

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

Registration District No. 22A

Registered No. 446
(For use of Local Registrar)

(2) Full Name of Child Not Named

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 29 23
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME W. M. Anderson

(9) PRESENT POSTOFFICE OF FATHER Greenville SC

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 39
(Years)

(12) BIRTHPLACE Greenville SC

(13) OCCUPATION Wagon driver for City

(14) Number of children born to mother, including present birth Six

MOTHER
(14) NAME BEFORE MARRIAGE Elvira Pippitt

(15) PRESENT POSTOFFICE OF MOTHER Greenville SC

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 39
(Years)

(18) BIRTHPLACE Greenville SC

(19) OCCUPATION Home Domestic

(20) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive 3,30 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) D. S. Smith

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Sept 6 1923 (28) C. E. Smith
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.