

PRINTED IN COLUMBIA, S. C.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
TWINS OR TRIPLETS use SEPARATE BLANKS FOR EACH CHILD, and mark the

(1) PLACE OF BIRTH

County of Orangeburg
Township of Holly Hill
OR
Inc. Town of Holly Hill
OR
City of Holly Hill

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

File No.—For State Registrar Only
19699

Registration District No. 3609 Registered No. 82
(For use of Local Registrar)

(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 William Anderson {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 7, 1927
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Anderson
(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm Hand
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Rosa Brown
(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farm Hand
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Stoutwire
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report
(26) Witness M. Anderson
(Signature of Witness necessary only when question 23 is signed by mark)
June 17, 1927 (27) H. M. Anderson
Local Registrar