

**(1) PLACE OF BIRTH**

County of Florence  
 Township of Washington  
 OR  
 Inc. Town of .....  
 OR  
 City of .....

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

Registration District No. ....

No. for State Registrar Only

**34378**

Registered No. 60  
 (For use of Local Registrar)

**(2) Full Name of Child**

Elizabeth Ann (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 is not yet named, make mental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? Twin

(5) Number in order of birth 1st

(6) Are Parents Married? Yes

DATE OF BIRTH Jan 7 22

To be answered only in event of Twin or Triplet

(Month of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME

Rehley Anderson

(9) PRESENT POSTOFFICE OF FATHER

Timmonsville

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

Timmonsville

(13) OCCUPATION

Farmer

**MOTHER.**

(14) NAME BEFORE MARRIAGE

Elitha Lawton

(15) PRESENT POSTOFFICE OF MOTHER

Timmonsville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

Darlington

(19) OCCUPATION

Housekeeper

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

4

(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 on the date above stated. (When alive or stillborn) (Hour A. M. or P. M.) 12:30 P. M.

(23) (Signature)

W. E. [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Timmonsville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 5 - 22

(28) D. C. Hill

Registrar

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.