

Form No. 1

(1) PLACE OF BIRTH

County of York

Township of Mill

or
In: Town of

or
City of

(No. _____ St. _____ Ward _____)
(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

File No.—For State Registrar Only

79822

Registration District No. 4407

Registered No. 122

(For use of Local Registrar)

(2) Full Name of Child. Hevelin Anderson

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug 3 1917
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to mother, including present birth 3

(14) NAME BEFORE MARRIAGE Birthing Anderson

(15) PRESENT POSTOFFICE OF MOTHER Filbert S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Farmer

(20) 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 at 11 P.M. (Hour A.M. or P.M.) on the date above stated. (Born alive or stillborn)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Filbert S.C.

Given name added from a supplemental report

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

(27) Filed Sept 16 1917

(28)

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.