

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of

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

25061

Registration District No. 9 ARegistered No. 1115

(For use of Local Registrar)

St. 4 Ward2) 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? 1(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH May 4

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8) FULL NAME William Anderson(14) NAME BEFORE MARRIAGE Martha Fears9) PRESENT POSTOFFICE Charleston(15) PRESENT POSTOFFICE OF MOTHER Charleston10) RACE Negro(11) AGE AT LAST BIRTHDAY 56

(Years)

(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 37

(Years)

12) BIRTHPLACE Johns Island(18) BIRTHPLACE Charleston13) OCCUPATION Fiermon(19) OCCUPATION House Keeper14) Number of children born to father, including present birth 7(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Philippe S. T. T. T.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 8200 1/2 St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8/9(28) 1922

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.

(Date of)

Filed 8/9

1922

J. H. H. H. H.

Registrar.