

(1) PLACE OF BIRTH

County of

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

90665

Registration District No. 2907 Registered No. 100

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Anderson

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

Dec. 15

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Allen Anderson

(9) PRESENT POSTOFFICE OF FATHER

Waterloo

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Waterloo

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Cochran

(15) PRESENT POSTOFFICE OF MOTHER

Waterloo

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

New Comerica S.C.

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Jannie F. Cunningham

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

McBride

Waterloo

Given name added from a supplemental report

(26) Witness

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

(27) Full Name

1916

(28)

F. B. Boland

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.

Local Registrar

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