

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

No. for State Register Only
38037

Registration District No. **44A** Registered No. **261**
(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.)
Name of Child **Chalmers Russell** If child is not yet named, make supplemental report as directed

(1) Sex **M** (2) Date of Birth **10-9-28**
(3) Total or Triplet **X** (4) Number in order of birth **X** (5) Age of Parent Married **Y**
To be answered only in event of Total or Triplet

FATHER.
Name **Lawley J. Anderson**
Residence **Monroe N.C.**
Age at last birthday **21**
Color or Race **W**
Birthplace **Monroe N.C.**
Occupation **McChesie**

MOTHER.
(14) Name of Mother **Della Belle Johnson**
(15) Present Postoffice of Mother **Rose Hill**
(16) Color or Race **W** (17) Age at last birthday **16**
(18) Birthplace **Chertsey Co. N.C.**
(19) Occupation **Dom**
(20) Number of children of this mother now living, including present birth **1st**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **12** M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(21) Signature **Donal Ryle** (22) Address of Physician or Midwife

Name added from a supplemental report

(23) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(24) Filed **12/11/28** (25) Local Registrar

If 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.