

Form No. 3

1. PLACE OF BIRTH

County of Florence Township of " or Town of " or 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

40263

Registration District No. 2005 Registered No. 54
(For use of Local Registrar)2. Full Name of Child Mc Kintley Anderson (If child is not yet named, make supplemental report as directed.)

3. BOY OR GIRL? <u> my </u>	4. Twin or Triplet? <u> </u> To be answered only in event of Twins or Triplets	5. Number in order of birth <u> </u>	6. Are Parents Married? <u> 40 </u>	7. DATE OF BIRTH <u> Dec. 24 1923 </u> (Name of Month) (Day) (Year)
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FATHER

8. FULL NAME Andrew Anderson

9. PRESENT POSTOFFICE OF FATHER Florence Co.

10. COLOR OR RACE C. O. P.

11. AGE AT LAST BIRTHDAY 40
(Years)

12. BIRTHPLACE Florence Co.

13. OCCUPATION farm

14. Number of children born to mother, including present birth 13

MOTHER

15. NAME BEFORE MARRIAGE Augusta May

16. PRESENT POSTOFFICE OF MOTHER Florence Co.

17. COLOR OR RACE C. O. P.

18. AGE AT LAST BIRTHDAY 42
(Years)

19. BIRTHPLACE Florence Co.

20. OCCUPATION Domestic

21. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at " M., on the date above stated.23. Signature Martha B. Burdett 24. State whether Physician or Midwife midwife 25. Address of Physician or Midwife "

Given name added from a supplemental report

26. Witness "
(Signature of Witness necessary only when question 23 is signed by mark)27. Filed Dec. 26, 1923 by L. H. Prichard, M.D.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.