

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

RECORD OF COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Greenville  
Township of Auster  
or  
Inc. 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  
**90021**

Registration District No 22<sup>00</sup> Registered No. 131  
(For use of Local Registrar)

(2) Full Name of Child Barnell Anderson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 10 1906</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Joll Anderson  
(9) PRESENT POSTOFFICE OF FATHER Simpsonville  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28  
(Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sultana Cooper  
(15) PRESENT POSTOFFICE OF MOTHER Simpsonville S. C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
(Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION House Work  
(21) 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 born alive at 11 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Anderson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Simpsonville

Given name added from a supplemental report  
.....  
..... 19 .. Registrar

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

(27) Filed Jan 5 1907 (28) L. L. Richardson  
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.