

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nancy Anderson

(1) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Dec 25</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME H. M. Anderson(9) PRESENT POSTOFFICE OF FATHER Anderson SC(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION conductor - R.R.(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Scota George(15) PRESENT POSTOFFICE OF MOTHER Anderson SC(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE And. Co.(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 at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. Young M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson SC

Give name added from a supplemental report

(26) Witness Signature of Witness necessary when question 23 is signed by mother J. R. YAYTON,(27) Filed 19 (28) ANDERSON, S. C. 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.

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

No. for State Registrar Only
38433

Registration District No. 34 Registered No. 471
(For use of Local Registrar)

(No. Anderson Hospital Ward)

If child is not yet named, make supplemental report as directed