

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

CERTIFICATE OF BIRTH				File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA				4473	
Bureau of Vital Statistics					
State Board of Health					
(1) PLACE OF BIRTH		Registration District No. 23.0.6		Registered No. 18	
County of Greenwood				(For use of Local Registrar)	
Township of Greenwood					
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.)					
(2) Full Name of Child <u>Harold Anderson</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 13 1922</u>	
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Mr. Walter Anderson</u>			(14) NAME BEFORE MARRIAGE <u>Addie Kennedy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>So. Greenwood S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>So. Greenwood S.C.</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(12) BIRTHPLACE <u>Greenwood Co. S.C.</u>			(18) BIRTHPLACE <u>Brooklyn S.C.</u>		
(13) OCCUPATION <u>Deft tile</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>Eight</u>			(21) Number of children of this mother now living, including present birth <u>Seven</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> on the date above stated. (Born alive or stillborn: Hour <u>6</u> A. M. or P. M.)					
(23) (Signature) <u>Wm. Marshall</u>			(25) Address of Physician or Midwife <u>Greenwood S.C.</u>		
(24) State whether Physician or Midwife <u>Phys.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>Mar 10 1922</u> (28) <u>D. P. Brooks</u> 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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