

(1) PLACE OF BIRTH

County of Marshall

Township of

or

Inc. Town of

or

City of Charleston

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

(2) Full Name of Child

Baby Anderson

File No.—For State Registrar Only

19081

Registration District No. 27-ARegistered No. 36
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? ✓

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? ✓(7) DATE OF BIRTH 6 3 1922
(Name of Month) (Day) (Year)

FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Burton(15) PRESENT POSTOFFICE OF MOTHER Camden S.C.(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Camden S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 15 1922(28) J. H. Thomas
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.