(1) PLACE OF BIRTH

County of .....

Township of .....
or
Inc. Town of .....
or
City of Anderson

CERTIFICATE OF BIRTH

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

No. B.—For State Registrar

178

Registration District No. 3A Registered No. 37
(For use of Local Registrar)

(No. 24 Hamett 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 Eloise Anderson (If child is not yet named, make supplemental report as directed)

(3) Sex (Color)	(4) Twin or Triplet (To be answered only in case of Twins or Triplets)	(5) Number in order of birth	(6) Age Parents Married	(7) Date of birth (Day) (Month) (Year)
			7yrs	Jan 21 1922

FATHER.

(8) Full Name: W D Anderson

(9) Present Residence of Father: Anderson

(10) Color or Race: W

(11) Age at last Birthday: 29 (Years)

(12) Birthplace: Ind Co

(13) Occupation: Textile

(14) Number of children born to mother, including present birth: 2

MOTHER.

(14) Name before Marriage: Annie E. Bryant

(15) Present Residence of Mother: Anderson

(16) Color or Race: W

(17) Age at last Birthday: 22 (Years)

(18) Birthplace: Ind Co

(19) Occupation: Housewife

(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 or stillborn at 2:30 P.M. on the date above stated.

(23) (Signature) T. S. Smythe M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Anderson S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question of [illegible])

(27) Filed ..... 19 .... (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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