

(5) PLACE OF BIRTH

County of AndersonTownship of 2ndor
City of

(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

19994

Registration District No. 7.0.3 Registered No. 19994
(For use of Local Registrar)(No. 19994 St. 19994 Ward 19994)

Full Name of Child

Robert

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

BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH July 6, 1905
(Name of Month) (Day) (Year)

FATHER

Full Name

Robert

Present Post Office of Father

Anderson

Color or Race

White(11) AGE AT LAST BIRTHDAY 35
(Years)

Birthplace

Anderson

Occupation

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Anna(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Anderson(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Anderson on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Robert(23) Address of Physician or Midwife Anderson

(24) State whether Physician or Midwife

Name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 14, 1905 (28) Anderson Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return before the fifth month of pregnancy. No report is desired of stillbirths before the fifth month of pregnancy.

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