

## (1) PLACE OF BIRTH

County of *Greenville*Township of *W. H. C. Co.*

Inc. Town of .....

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

Registration District No. *2010*

File No. - For State Registrar Only

40301

Registered No. *62*

(For use of Local Registrar)

## (2) Full Name of Child

*Anderson*

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

(3) SEX OR GUILD <i>Boy</i>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age from Marriages <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 6, 1913</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Charlie Anderson</i>			(14) NAME BEFORE MARRIAGE <i>Linnie E. Camp</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Cowards, S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Cowards, S.C.</i>	
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>	
(11) AGE AT LAST BIRTHDAY <i>73</i> (Year)			(17) AGE AT LAST BIRTHDAY <i>73</i> (Year)	
(12) BIRTHPLACE <i>S.C.</i>			(18) BIRTHPLACE <i>S.C.</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* *7 P.M.* on the date above stated. (Normal or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness) when question 23 is signed by

(27) Filed

*Dec 15, 1913*

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired or submitted before the fifth month of pregnancy.