

## (1) PLACE OF BIRTH

County of Flora  
Township of Unionville  
or  
Inc. Town of .....  
or  
City of .....

# CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

14890

Registration District No. 2015 Registered No. 20.....  
(For use of Local Registrar)

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 David Henry Anderson

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH January 21, 1922  
(Name of Month) (Day) (Year)

## FATHER

(5) FULL NAME *Robert Crawford Andrews*

(9) PRESENT POSTOFFICE OF FATHER *Hammonsville*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *44* (Years)

(12) BIRTHPLACE *Biohsville*

(13) OCCUPATION *Farmer*

**MOTHER**

(14) NAME BEFORE MARRIAGE	Bertha E. <sup>W</sup> London	
(15) PRESENT POSTOFFICE OF MOTHER	Pamunsville	
(16) COLOR OR RACE	White	(17) AGE AT LAST BIRTHDAY..... 33 (Years)
(18) BIRTHPLACE	Pamunsville	
(19) OCCUPATION	Domestic	

(20) Number of children born to mother, including present birth	5	(21) Number of children of this mother now living, including present birth	5
---	---	--	---

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alone at 11:00 on the date above stated. born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature) Ch. J. [illegible]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report

(20) Witness ..... (Signature of Witness necessary only  
when question 23 is signed by mask)

(17) Filed Jan 25 1923 (28) ... 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.

\*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.