

(1) PLACE OF BIRTH

County of BerkeleyTownship of East

Inc. Town of

City of

(No. St.; Ward)
(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

20010

Registration District No. 808 Registered No. 63
(For use of Local Registrar)

(2) Full Name of Child

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

(2) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH (Month of Month) (Day) (Year) <u>July 17 20</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>William Anderson</u>			(14) NAME BEFORE MARRIAGE <u>Annie Dingle</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cross St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cross St.</u>	
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>	
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>Berkeley Co</u>			(18) BIRTHPLACE <u>Berkeley Co</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Berkeley Co at 7 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Paul Lambert
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife East

Given name added from a supplemental report

(26) Witness Killian Crockett
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed July 19 1923 (28) D. W. Cow
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.