

(1) PLACE OF BIRTH

County of Florence

Township of

or Inc. Town of

City of Mars Bluff S.C.

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

Registration District No. 2007

File No.—For State Registrar Only
18609

Registered No. 45
(For use of Local Registrar)

(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

No name

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

3 BOY OR GIRL? girl

(4) Twin twins or Triplet? No
To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jul 9 - 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Gathan Anderson

9 PRESENT POSTOFFICE OF FATHER Mars Bluff S.C.

10 COLOR red OR RACE (11) AGE AT LAST BIRTHDAY 38 (Years)

12 BIRTHPLACE Florence County

13 OCCUPATION Farming

20 Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Burnette

(15) PRESENT POSTOFFICE OF MOTHER Mars Bluff S.C.

(16) COLORED OR RACE (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Florence County

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)
at 9 A.M.

(23) (Signature) Martha Charles

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Mars Bluff S.C.

Given name added from a supplemental report

(26) Witness M. Charles
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 30 1922 (28) M. C. Anderson 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.

MARGIN RESERVED FOR INDEXING.
WRITED PLAINLY, WITH A SPACING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc. in question 6