

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Medley  
 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

24059

Registration District No. 403Registered No. 33  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; ..... Ward)

(2) Full Name of Child Nelson Anderson {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? y (7) DATE OF BIRTH May 18 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Nelson Anderson(9) PRESENT POSTOFFICE OF FATHER Medley(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 75  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Owner - Deed(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Lissy Harvin(15) PRESENT POSTOFFICE OF MOTHER Medley(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(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 ..... at 2 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie Gray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 18 1922 (28) M. S. Paul  
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.

IN THIS ATTACHMENT REQUIRED. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.