

THIS IS A PERMANENT RECORD. IN THE 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 2.

MADE IN COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of S. C. Greenville  
Township of Magnolia  
or  
Inc. Town of .....  
or  
City of .....

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

Registration District No. 109

File No.—For State Registrar Only  
**5630**

Registered No. 26  
(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 Edward Anderson

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

(3) 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 <u>March 13, 1923</u> (Name: (Month) (Day) (Year))
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**FATHER**

(8) FULL NAME John Anderson  
(9) PRESENT POSTOFFICE OF FATHER S. C. Greenville, Route 1  
(10) COLOR OR RACE Negro  
(11) AGE AT LAST BIRTHDAY 23  
(Year)  
(12) BIRTHPLACE S. C. Greenville Co  
(13) OCCUPATION Farmer

**MOTHER**

(14) NAME BEFORE MARRIAGE Ethel Anderson  
(15) PRESENT POSTOFFICE OF MOTHER S. C. Greenville, Route 1  
(16) COLOR OR RACE Negro  
(17) AGE AT LAST BIRTHDAY 22  
(Year)  
(18) BIRTHPLACE S. C. Greenville Co  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Sallie Campbell

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Carlson Falls

Given name added from a supplemental report

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

(27) Filed March 22, 1923 (28) H. G. Macree 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.