

(1) PLACE OF BIRTH

County Richland

Township of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2333

In Town of Columbia Registration District No. 380 Registered No. 1057City of Columbia (No. 1821 Shree) (For use of Local Registrar)
Birth occurs in a hospital or other institution give name of same instead of street and number. St. Ward)(2) Full Name of Child Elle Mae Anderson If child is not yet named, make supplemental report as directed(4) Twin yes (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Nov. 11 22
To be answered only in case of twins or triplets. (Name of Month) (Day) (Year)

FATHER.

(8) NAME Ernest Anderson(9) PLACE OF BIRTH Columbia, S.C.(10) AGE AT LAST BIRTHDAY 22 (Years)(11) COLOR Colored(12) BIRTHPLACE Columbia, S.C.(13) OCCUPATION Porter(14) Number of children born to mother, including present birth Two

MOTHER.

(15) NAME BEFORE MARRIAGE Willie Mae Smart(16) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.(17) COLOR OR RACE colored (18) AGE AT LAST BIRTHDAY 28 (Years)(19) BIRTHPLACE Chester, S.C.(20) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) D. M. Smith(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 1920 Hardwood St.

Given same added from a supplemental report

(26) Witness Arthur Brown

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 2-1-1912 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.

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