

Form No. 1

(1) PLACE OF BIRTH

County of Oconee
 Township of Wagner
 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
31550

Registration District No. Registered No. 53
 (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

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May - 21, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. R. I. Anderson</u>			(14) NAME BEFORE MARRIAGE <u>Mary Eliza Peay</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>West Union St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>West Union St.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Greenville Co. S.C.</u>			(18) BIRTHPLACE <u>Oconee Co. S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1 Two</u>			(21) Number of children of this mother now living, including present birth <u>1 Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:15 AM.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. S. Slocum M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wallalla St.

Given name added from a supplemental report

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

(27) Filed Oct 3, 1922 (28) R. S. Slocum
 Registrar 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 RESERVATION—THIS LINE IS A PERMANENT RECORD.
 WHERE PLACED, WITH UNPAID INK, WITH A PERMANENT PLACED FOR EACH CHILD, and mark the
 N. B.—In case of TWINS OR TRIPLETS, etc., give name of each child, and mark the
 FIRST-BORN, No. 1, the SECOND, No. 2, etc., in question 5.
 Record of Columbia, Columbia, S. C.