

FORM NO. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—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. McCaw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Greenwood STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Hodges State Board of Health

File No.—For State Registrar Only
46453

Inc. Town of Registration District No. 2307 Registered No. 3
 (For use of Local Registrar)
 City of (No. X St.; X Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan, 19, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME David Anderson
 (9) PRESENT POSTOFFICE OF FATHER Hodges, S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE Greenwood, Co., S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth { 6 }

MOTHER.
 (14) NAME BEFORE MARRIAGE Elese Smith
 (15) PRESENT POSTOFFICE OF MOTHER Hodges, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Greenwood, Co., S.C.
 (19) OCCUPATION House wife
 (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 alive at 8:55 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Z. Sabella Anderson
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife
midwife | Hodges, S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled Jan 22 1916 (28) S. J. Kussie 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.