

(1) PLACE OF BIRTH

County of

Greenwood
Hodges

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46453

Registration District No. *2307*

Registered No. *3*

(For use of Local Registrar)

(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

X

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan 12 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) *Isabella 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) Filed

Jan 22 1916

(28)

S. I. Bussie

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.