

## (1) PLACE OF BIRTH

County of FlourTownship of Immunesvilleor  
Inc. Town of Immunesvilleor  
City of Immunesville

(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

55893

Registration District No. 2111 Registered No. 2437

(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 27 1916 (Name of Month) (Day) (Year)

FATHER. MOTHER

(8) FULL NAME George Anderson (14) NAME BEFORE MARRIAGE Lan King(9) PRESENT POSTOFFICE OF FATHER Immunesville S.C. (15) PRESENT POSTOFFICE OF MOTHER Immunesville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 48 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Flour Co S.C. (18) BIRTHPLACE Flour Co S.C.(13) OCCUPATION Saw mill manager (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:25 a.m. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) O. A. Foster, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed May 10 1916 (28) W. S. Martin 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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

M. McCaw, of Columbia