

Form No. 1

## (1) PLACE OF BIRTH

County of RICHMONDTownship of LOWERInc. Town of Doyle LakeCity of Doyle Lake

(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

66075

Registration District No. 3803 Registered No. 178

(For use of Local Registrar)

(2) Full Name of Child Rosa Anderson

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 7</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Major Anderson</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Jones</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gadsden</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gadsden</u>	
(10) COLOR OR RACE <u>Nys</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>Nys</u>		
(12) BIRTHPLACE <u>Gadsden S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(13) OCCUPATION <u>Ironer</u>		(18) BIRTHPLACE <u>Gadsden P.C.</u>		
(19) OCCUPATION <u>Housewife</u>		(20) Number of children born to mother, including present birth <u>6</u>		
(21) Number of children of this mother now living, including present birth <u>6</u>				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 11 a on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Smith

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

MIDWIFE

GADSDEN

Given name added from a supplemental report

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

(27) FILED 6/30 1916 (28) J. W. Smith 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.

NOTE—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.

McGraw, of Columbia.