CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 22705

(1) PLACE OF BIRTH

County of Lamar

Township of / Inc. Town of / City of Marysville

Registration District No. 4102 Registered No. 47 (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 Roland Anderson (If child is not yet named, make supplemental report as directed)

(3) Sex Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Ben Anderson	(14) NAME BEFORE MARRIAGE Maggie Anderson
(9) PRESENT POSTOFFICE OF FATHER Marysville	(15) PRESENT POSTOFFICE OF MOTHER Marysville
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE SC	(18) BIRTHPLACE SC
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 6	(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 6 A. M. (Hour A. M. or P. M.)

(23) (Signature) Bel Alexander

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

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) ..... 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.