

(1) PLACE OF BIRTH

County of Kershaw
 Township of Dekalb
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30846

Registration District No. 2701Registered No. 194
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Alan Anderson

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Feb. 22, 1909
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Archie A. Anderson

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Westville(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Wennie Glennie

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Westville(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mid wife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Harriet Trustale

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by midwife)

(27) Filed

Oct. 1, 1922

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.