

## (1) PLACE OF BIRTH

County of AikenTownship of Millbrook

Inc. Town of

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  
**54330**

 Registration District No. 207 Registered No. 21  
 (For use of Local Registrar)

 (No. .... St.; .... Ward)  
 If child is not yet named, make supplemental report as directed
(2) Full Name of Child Anderson, S. Semour(3) BOY OR GIRL? Boy(4) Twin or Triplet? No

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH March 27, 1916  
 (Name of Month) (Day) (Year)**FATHER.**(8) FULL NAME Robert Semour(9) PRESENT POSTOFFICE OF FATHER Aiken(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 38  
 (Years)(12) BIRTHPLACE Aiken County(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 10**MOTHER.**(15) NAME BEFORE MARRIAGE Annie Belle Kneese(16) PRESENT POSTOFFICE OF MOTHER Aiken(17) COLOR OR RACE negro(18) AGE AT LAST BIRTHDAY 32  
 (Years)(19) BIRTHPLACE Aiken County(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***
 (22) I hereby certify that I attended the birth of this child, who was born at 11 o'clock A.M.  
 (Born alive or stillborn) (Hour, A. M. or P. M.)  
 on the date above stated.

 (23) (Signature) Susan Kneese  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Aiken, S. C.

 Given name added from a supplemental report  
 191...

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

 (27) Filed Apr 5 1916 (28) F. N. Cook 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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MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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.

 State of Columbia  
 May 1916