

(1) PLACE OF BIRTH

County of Stearns

Township of

or
Inc. Town ofor
City of Stearns

(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

55-1787-1000

32091

Registration District No. 29-A Registered No. 317
(For use of Local Registrar)(No. 103 Evans St.) Ward(2) Full Name of Child Thary Emmeline Anderson If child is not yet named, make supplemental report as directed3) SEX OF CHILD Girl 4) Type or White 5) Number in order of birth 4 6) Age 4yrs 7) DATE OF BIRTH Sept 21/33
(Name of Child) (Sex) (Type) (Age) (Date)

FATHER.

(8) FULL NAME Wm. John Anderson(9) PRESENT RESIDENCE OF FATHER Stearns(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 62
(Type)(12) BIRTHPLACE Darlington(13) OCCUPATION R.R. Shopman(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Quile Danahy(15) PRESENT RESIDENCE OF MOTHER Stearns(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 29
(Type)(18) BIRTHPLACE Stearns(19) OCCUPATION H.W.(21) Number of children of this mother now living, including present birth 4

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.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. S. D. M. O.
(24) State whether Physician or Midwife Phys (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 Oct 23 1933 (28) P. H. Archam
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 stillborns before the fifth month of pregnancy.

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