

Form No. 1

(1) PLACE OF BIRTH

County of UnionTownship of Pinkneyor
Inc. Town ofor
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

53988

Registration District No. 4202 Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child

Anderson, Charles

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE BIRTH March, 31 yr 6

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Anderson, Thomas Charles

(9) PRESENT POSTOFFICE OF FATHER

Union SC R #4(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36

(Years)

(12) BIRTHPLACE

Union Co SC

(13) OCCUPATION

Farming

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

51

MOTHER.

(14) NAME BEFORE MARRIAGE

Nancy Leila Gallman

(15) PRESENT POSTOFFICE OF MOTHER

Union SC R #4(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 36

(Years)

(18) BIRTHPLACE

Union Co SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

51

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 130 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. G. Savrath

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianUnion SC

Given name added from a supplemental report

NOT 3.

1916

Cummins

Registrar

(26) Witness

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

(27) Filed Apr 4 1916(28) P. G. Gallman

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M.—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.
 C.W. of Columbia