

(1) PLACE OF BIRTH

County of AndersonTownship of Savannahor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3085

Registration District No. 31Registered No. 15
(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 Winnie Mae Anderson *not named, make supplemental report as directed*

(3) BOY OR GIRL?

Girl

(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 OF BIRTH

Feb 23 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Massaway Brown

(9) PRESENT POSTOFFICE OF FATHER

Starr S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

Anderson S.C.

(13) OCCUPATION

Farmer

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

1 2

MOTHER.

(14) NAME BEFORE MARRIAGE

Nellie Trager

(15) PRESENT POSTOFFICE OF MOTHER

Starr S.C.

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

Anderson Co

(19) OCCUPATION

Farmer

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

1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Fannie Duffell

(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

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH ENCLAVING 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 8

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.