

Form No. 1.

(1) PLACE OF BIRTH

County of Fairfield

Township of 9

Inc. Town of Rockton

City of Rockton

(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

42745

Registration District No. 1908 Registered No. 4.7
(For use of Local Registrar)

(2) Full Name of Child Henry Anderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 31 1905
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernan Anderson

(9) PRESENT POSTOFFICE OF FATHER Rockton

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE Fairfield

(13) OCCUPATION San laborer

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Abberta Glen

(15) PRESENT POSTOFFICE OF MOTHER Rockton

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE Fairfield

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born born at 1.2 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jenny Elger

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Rockton S.C.

Given name added from a supplemental report

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

(27) Filed 191 (28) W. C. Ruff 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.

MAKING INDEPENDENT BY BIRTHING. WRITE 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.