

(1) PLACE OF BIRTH

County of FairfieldTownship of #6

Inc. Town of _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12738

Registration District No. 1905 Registered No. 8
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

2) Full Name of Child Lizzy Anderson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1 1905
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leary Anderson(9) PRESENT PLACE OF RESIDENCE Longtown S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 Years(12) BIRTHPLACE Fairfield Co(13) OCCUPATION Farming(14) NUMBER OF CHILDREN BORN TO MOTHER INCLUDING PRESENT BIRTH 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Palmer(15) PRESENT PLACE OF RESIDENCE Longtown S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 Years(18) BIRTHPLACE Fairfield Co(19) OCCUPATION Farming(20) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 7

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.) 3 P. M.

(23) (Signature)

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

Midwife Longtown S.C.

Given name added from a supplemental report

(26) Witness

Signatures of X those necessary only when question 23 is signed by mark.

Registrar

James L. Smith Local Registrar

When there was no attending physician or midwife, then the father, mother or other person should make this return. A child breathes even once, it must not be reported as stillborn. Report a desired of stillbirth before the fifth month of pregnancy.