

MADE BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Spitby  
Township of .....  
or  
Inc. Town of .....  
or  
City of 11  
(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  
**20100**

Registration District No. 40-a Registered No. 292  
(For use of Local Registrar)  
(No. Deery Alv St.; ..... Ward)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 6 3 22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Fred W Anderson  
(9) PRESENT POSTOFFICE OF FATHER City  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35  
(Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Journeial Artist  
(20) Number of children born to mother, including present birth 5

MOTHER.  
(14) NAME BEFORE MARRIAGE Clara Belle Wood  
(15) PRESENT POSTOFFICE OF MOTHER City  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28  
(Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 21

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was ..... at 1:30 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) O W Leonard  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife City

Given name added from a supplemental report .....  
(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 7-1-22 (28) Jas Copio 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.