

(1) PLACE OF BIRTH

County of Cherokee
 Township of Phosphates Mill
 OR
 Inc. Town of.....
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

41811

Registration District No. 1314Registered No. 67
(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 John Anderson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 20 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lorine Anderson(9) PRESENT POSTOFFICE OF FATHER Alcohu, S.C. R. 2(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Cherokee Co., S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Lou Bertha Cain(16) PRESENT POSTOFFICE OF MOTHER Alcohu, S.C. R. 2(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 23 (Years)(19) BIRTHPLACE Sumter Co. S.C.(20) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Darlie Davis, Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Alcohu, S.C.

Given name added from a supplemental report

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

(27) Date Jan. 1 1923 (28) R. E. Thompson Local Registrar

*When there was no attending physician or midwife, 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 sixth month of pregnancy.