

## (1) PLACE OF BIRTH

County of Pendleton  
 Township of Pendleton  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. for Birth Registration

**30996**

**109**

Registration District No. **310**

Registered No. ....  
 (For use of Local Registrar)

No. .... Street  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child. Roy Alexander

(a) <b>SEX</b> <u>Boy</u>	(b) <b>NAME</b> <u>Leland</u>	(c) <b>Number in order of birth</b> <u>1</u>	(d) <b>SEX</b> <u>Male</u>	(e) <b>NAME</b> <u>yes</u>	(f) <b>DATE OF BIRTH</b> <u>Oct. 30, 1963</u>
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## MOTHER.

(g) <b>NAME</b> <u>Bessie</u>	(h) <b>NAME</b> <u>Anderson</u>
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(i) <b>ADDRESS</b> <u>Pendleton, S.C.</u>	(j) <b>NAME</b> <u>Bessie</u>
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(k) <b>COLOR</b> <u>tan</u>	(l) <b>AGE AT LAST BIRTH</b> <u>35</u>
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(m) <b>EDUCATION</b> <u>Grade 12</u>	(n) <b>EDUCATION</b> <u>Grade 12</u>
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(o) <b>NAME</b> <u>Anderson</u>	(p) <b>NAME</b> <u>Domestic</u>
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(q) <b>NAME</b> <u>None</u>	(r) <b>AGE</b> <u>2nd</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(1) I hereby certify that I attended the birth of this child, who was brown, male, 2 lbs.  
 on the date above stated.

(Physician or Midwife) Bessie Anderson (Give A.M. or P.M.)

(2) (Signature) Bessie Anderson

(3) **NAME** Midwife

(4) **NAME** Pendleton

Other name \_\_\_\_\_  
 \_\_\_\_\_

(5) **WITNESS** \_\_\_\_\_

(Signature of Witness necessary only  
 when question 5 is signed by man)

(6) **FIND** Nov. 1, 1963 (7) W.H. Deawright

Local Registrar

When a woman has given birth to a stillborn child, then the father, householder, etc., should make this return.  
 If a woman has been over two weeks pregnant, it must not be reported as stillbirth. No report is desired of stillbirths  
 before the fifth month of pregnancy.