

(1) PLACE OF BIRTH

County of *Hampton*Township of *Hochel*or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42883

Registration District No *2400*. Registered No. *172*
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *Lena 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 *Feb 11 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Wm K Anderson*(9) PRESENT POSTOFFICE OF FATHER *Lena Sde*(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *23*
(Years)(12) BIRTHPLACE *Hampton Sde*(13) OCCUPATION *Law Mill Laborer*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Alie*(15) PRESENT POSTOFFICE OF MOTHER *Lena Sde*(16) COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *21*
(Years)(18) BIRTHPLACE *Hampton Sde*(19) OCCUPATION *Cook*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8 P* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Lidia Cori*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife *Lena Sde*

Given name added from a supplemental report

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

(27) Filed *Feb 19 1922* (28) *Wm K Anderson* 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.