

Form No. 1

(1) PLACE OF BIRTH

County of Charleston

Township of Charleston

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 901

No. for State Registrar's Use

3250

Registered No. 13
(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

Robert Anderson

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

(a) SEX OR
CHILD

Male

(b) Twin
or Triplet

No

(c) Number in
order of birth

1st

(d) Age
Parent
Married

42

(e) DATE OF
BIRTH

Feb 2

1923

(Name of Month) (Day) (Year)

FATHER

(a) FULL
NAME

Ernest Anderson

(b) PRESENT
RESIDENCE
OF FATHER

1111 Pleasant

(c) COLOR
OR
RACE

Negro

(d) AGE AT LAST
BIRTHDAY

21

(e) BIRTHPLACE

Charleston S.C.

(f) OCCUPATION

Laborer

MOTHER

(a) NAME BEFORE
MARRIAGE

Louise Byrnes

(b) PRESENT
RESIDENCE
OF MOTHER

1111 Pleasant

(c) COLOR
OR
RACE

Negro

(d) AGE AT LAST
BIRTHDAY

19

(e) BIRTHPLACE

Charleston S.C.

(f) OCCUPATION

Housewife

(g) Number of children born to
mother, including present birth

Four

(h) Number of children of this mother
now living, including present birth

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(2) (Signature)

Hugh Brodick

(3) Name, Address, and Position of Midwife

(4) Address of Physician or Midwife

Given under oath of a sworn
report

(5) Witness (Signature of Witness necessary only
when question 1 is signed by mark)

(6) Date Feb 25 1923 (7) L.D. Lamb