

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(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

87782

Registration District No. 4304 Registered No. 1513
(For use of Local Registrar)

(2) Full Name of Child

Samuel Joseph Andersen

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov. 4 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Rock A. Andersen

(9) PRESENT POSTOFFICE OF FATHER

Hemingway

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE

Hemingway S.C.

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Viola Barr

(15) PRESENT POSTOFFICE OF MOTHER

Hemingway S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE

Hemingway

(19) OCCUPATION

Wife

(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 or stillborn at 5- a. m. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Richard J. Hicks

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Hemingway S.C.

Given name added from a supplemental report

1916

Registrar

(26) Witness

J.M. Brown

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

(27) Filed

Nov. 11, 1916

(28)

L.S. 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.

MAROIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.