

## (1) PLACE OF BIRTH

County of Gumville

Township of .....

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

7075

Registration District No. 22Registered No. 14  
(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 Charles Lee Anderson child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy(4) Twin or Triplet?       (5) Number in Order of Birth       (6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 20 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lee Roy Anderson(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 19

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION mill(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Emie Belle Evans(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 17

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION domestic(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 born alive at 7:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John A. Ennals(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Apr 11 1923

(28)

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.

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