

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
DEPT. OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Canoe
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

16398

Registration District No. 2-118

Registered No. 36
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St. Ward

(2) Full Name of Child George Anderson

If 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 May 6, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Willie Anderson
(9) PRESENT POSTOFFICE OF FATHER Vance & Co
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23
(Year)
(12) BIRTHPLACE S C
(13) OCCUPATION Farm
(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Ella Anderson
(15) PRESENT POSTOFFICE OF MOTHER Vance & Co
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21
(Year)
(18) BIRTHPLACE S C
(19) OCCUPATION House 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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jones Belenger
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) May 17, 1922 (28) W. A. Dauter 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.