

(1) PLACE OF BIRTH

County of *Orangeburg*  
Township of *Lanier*  
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

16298

Registration District No. *2-118*

Registered No. *36*  
(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 *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

MOTHER

(8) FULL NAME *Willie Anderson*

(14) NAME BEFORE MARRIAGE *Ella Anderson*

(9) PRESENT POSTOFFICE OF FATHER *Vance & Co*

(15) PRESENT POSTOFFICE OF MOTHER *Vance & Co*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *23*  
(Year)

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *21*  
(Year)

(12) BIRTHPLACE *S C*

(18) BIRTHPLACE *S C*

(13) OCCUPATION *Farmy*

(19) OCCUPATION *House Wife*

(20) Number of children born to mother, including present birth *2*

(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* at *S. A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Jesse Belonger*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Med Wife Vance & Co*

Given name added from a supplemental report

(26) Witness *W. C. Dautler*  
(Signature of Witness necessary only when question 25 is signed by mark)

19 *May 17* 1922 Registrar

(27) *May 17 1922* (28) *W. A. Dautler* 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. BOARD OF COLONIALS, COLUMBIA, S. C.