

McGraw-Hill Co. of Columbia, S. C. All reports use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Laurens  
 Township of Laurens  
 or  
 Inc. Town of ..... Registration District No. 1902 Registered No. 79  
 or  
 City of ..... (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 Margaret Anderson If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only  
**15628**

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 18 22</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Richard Anderson</u>		(14) NAME BEFORE MARRIAGE <u>Sarah Thompson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Laurens Co S.C.</u>		(18) BIRTHPLACE <u>Laurens S.C.</u>		
(13) OCCUPATION <u>Framer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) G. L. ...

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Laurens S.C.

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

(27) Date Jan 7 1922 (28) L. P. ... Local Registrar

Given name added from a supplemental report \_\_\_\_\_

\_\_\_\_\_, 191...  
 \_\_\_\_\_ 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.

before the fifth month of pregnancy.

For Registrar Only

30  
 (Registrar)  
 (Ward)  
 (number)  
 named, make  
 as directed  
2 2 2  
 (Year)  
Dilbud  
C. R. H.  
2 8  
 (Year)

1 30  
 (M. or P. M.)

or Midwife  
S. C.

Registrar  
 return