

## (1) PLACE OF BIRTH

County of York

Township of .....

or Inc. Town of .....

City of Rock Hill

(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

8855

Registration District No. 4413 Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child Lorena Anderson

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

(3) BOY OR GIRL?

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. W. Anderson(9) PRESENT POSTOFFICE OF FATHER Rock Hill(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Charleston Co. S.C.(13) OCCUPATION Barber(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Emily Beard(15) PRESENT POSTOFFICE OF MOTHER Rock Hill(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Housewife(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 20 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. Thompson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

3/14/1923

(28)

J. R. Muller 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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