

FORM NO. 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

50793

Registration District No. 4404

Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child Francis Hammett Anderson

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Jan 3, 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME M. D. Anderson(9) PRESENT POSTOFFICE OF FATHER Leahie S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 40

(Years)

(12) BIRTHPLACE York County S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lavinia M. Thomas(15) PRESENT POSTOFFICE OF MOTHER Leahie S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30

(Years)

(18) BIRTHPLACE York County S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3:26 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Garton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 326 S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/31

(28) Local Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

McCauley, of Columbia

*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.