

(1) PLACE OF BIRTH

County of Myrtle
Township of Lebrun
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
31321

Registration District No. 3 S. 4 Registered No. 131
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child Richard Anderson

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

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 5 19 22
(Name) (Month) (Day) (Year)

FATHER.

8) FULL NAME Willie Anderson
9) PRESENT POSTOFFICE OF FATHER Blenheim S.C.
10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 21 (Year)
12) BIRTHPLACE Georgetown S.C.
13) OCCUPATION Public work
14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Luc B. McRae
15) PRESENT POSTOFFICE OF MOTHER Blenheim S.C.
16) COLOR OR RACE Col 17) AGE AT LAST BIRTHDAY 16 (Year)
18) BIRTHPLACE Brownsville
19) OCCUPATION Housekeeper
20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Raymond F. ...
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Blenheim S.C.

Given name added from a supplemental report

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

(27) Filed Oct 22 19 22 (28) W. H. Woodley 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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