

(1) PLACE OF BIRTH
County of Anderson
Township of 11
or
Inc. Town of 11 Registration District No. 0A
or
City of 11 (No. 11 St.; 11 Ward)
(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

(2) Full Name of Child Rula Freeman (If child is not yet named, make supplemental report as directed)

(3) Boy or Girl?	(4) Two or triplet? <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Jan 29 1914</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Willow Freeman</u>	(14) NAME BEFORE MARRIAGE <u>Mary Freeman</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>			
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House work</u>			
(20) Number of children born to mother, including present birth <u>Four</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 alive at 6.9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Freeman

(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 191 (28) J. M. [Signature] 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.

Registrar _____ 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.

FORM NO. 8. SEXES DISSEMINATED BY THE BUREAU OF VITAL STATISTICS. WATER PLAINLY. WITH UNLINED SPACES IN A SUBSTANTIAL MANNER. N. H.—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. McCaw of Columbia.