

(1) PLACE OF BIRTH

County of Anderson

Township of

or Williamston

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

13523

Registration District No. 1-CRegistered No. 24
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nelli Sarah 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

May 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Taylor Anderson(9) PRESENT POSTOFFICE OF FATHER Williamston(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Harper Leader(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Janice James(15) PRESENT POSTOFFICE OF MOTHER Williamston(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:40 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Williamston

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-5-22

1922

(28) P. F. Russell
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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