

(1) PLACE OF BIRTH

County of Greenville
Township of Wren

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
64579

or
Inc. Town of Registration District No. 2210 Registered No. 37
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Robert 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 June 11 1916
Is to be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME D. Anderson
(9) PRESENT POSTOFFICE OF FATHER Piedmont
(10) COLOR OR RACE White AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Annis Bott
(15) PRESENT POSTOFFICE OF MOTHER Piedmont
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House Keeping
(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 born alive on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) L. D. Richardson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 20 1916 (28) S. A. Trims 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.

*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. 7. BEARING CHILDREN SHOULD KEEP THIS RETURN. WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. H. McCay of Columbia. 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.