

(1) PLACE OF BIRTH

County of York

Township of Elbert

Inc. Town of Elbert

City of Elbert

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

(2) Full Name of Child Charles Anderson

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

(3) SEX OF CHILD Boy (4) Type of Infant To be answered only in event of stillbirth (5) Age of Mother 44 (6) DATE OF BIRTH Dec 24 1929

FATHER.

(7) FULL NAME Charles Anderson

(8) PRESENT POSTOFFICE OF FATHER Elbert

(9) COLOR OR RACE Colored (10) AGE AT LAST BIRTHDAY 44

(11) BIRTHPLACE South Carolina

(12) OCCUPATION Farmer

(13) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Stokes

(15) PRESENT POSTOFFICE OF MOTHER Elbert

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) Signature William H. Hays (23) State whether Physician or Midwife Physician (24) License of Physician or Midwife 604

(Given name added from a supplemental report)

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

19 29 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only  
**37116**

Registration District No. 3605 Registered No. 122  
(For use of Local Registrar)

Ward

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