

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of YorkTownship of Lilly Springsor
Inc. Town of _____

City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 203

FILE No.—For State Registrar Only

Registered No. _____

(For use of Local Registrar)

(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 Charles Benjamin Anderson

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

3. Boy or Girl	If Plural births	4. Twins, triplets or other.....	6. Premature	7. Are Parents	8. Date of birth <u>Nov 30, 1946</u> (Month, day, year)
		5. Number, in order of birth.....	Full term	Married?	
9. Full name <u>Charlie Anderson</u>	FATHER			18. Name before marriage <u>Paula Bechtel</u>	MOTHER
10. Residence (mailing address) (If non-resident, give place and State) <u>Wagoner</u>				19. Residence (mailing address) (If non-resident, give place and State) <u>Wagoner</u>	
11. Color or race <u>W</u>	12. Age at child's birth..... (years)			20. Color or race <u>W</u>	21. Age at child's birth..... (years)
18. Birthplace (city or place) (State or country) <u>South Carolina</u>				22. Birthplace (city or place) (State or country) <u>Wagoner S.C.</u>	
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.....	
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....	<u>Farmer</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....	
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work.....			25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work.....
....., 19....			, 19....	
27. Number of children of this mother (At time of birth and including this child) <u>5</u> (a) Born alive and now living... (b) Born alive but now dead... (c) Stillborn					
28. If stillborn, period of gestation.....	months	weeks	29. Cause of stillbirth		
			Before labor		
			During labor		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated.

{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return.

Given name added from
a supplementary report _____

(Date of) _____

Registrar.

(Signed) Paula Anderson, Parent
or _____, GuardianAddress Wagoner S.C.Filed Oct. 3, 1949 Thos. P. Lesesne

Registrar.

dmb

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)