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

1. PLACE OF BIRTH

County of YorkTownship of Lilly Bunnysor
Inc. Town ofor
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.....	5. Number, in order of birth.....	6. Premature	7. Are Parents	8. Date of birth <u>Nov 30</u> , 19 <u>46</u> (Month, day, year)
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9. Full name Charlie Anderson

FATHER

18. Name before marriage Paula Beahm

MOTHER

10. Residence (mailing address)
(If non-resident, give place and State) Wagoner19. Residence (mailing address)
(If non-resident, give place and State) Wagoner11. Color or race W

12. Age at child's birth..... (years)

20. Color or race W

21. Age at child's birth..... (years)

13. Birthplace (city or place)
(State or country) South Carolina22. Birthplace (city or place)
(State or country) Wagoner S.C.14. Trade, profession or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.....23. Trade, profession, or particular
kind of work done, as house
keeper, typist, nurse, clerk, etc.....15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.....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 work17. Total time (years)
spent in this work.....25. Date (month and year) last
engaged in this work26. Total time (years)
spent in this work.....27. Number of children of this mother
(At time of birth and including this child) 5 (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 Beahm, Parent
or _____, GuardianAddress Wagoner S.C.Filed Oct. 3, 1949 Thos. P. Lesesne

Registrar.

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.)