

(1) PLACE OF BIRTH

County of Beaufort

Township of g.f.

or Inc. Town of Spartan

City of Spartan

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
12966

Registration District No. 427 Registered No. 207
(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 Frederick Anderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married (7) DATE OF BIRTH
Bo No No No March 20 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Murray
(9) PRESENT POSTOFFICE OF FATHER Spartan S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Year)
(12) BIRTHPLACE Spartan S.C.
(13) OCCUPATION House laborer
(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Grace Anderson
(16) PRESENT POSTOFFICE OF MOTHER Spartan S.C.
(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 17 (Year)
(19) BIRTHPLACE Spartan S.C.
(20) OCCUPATION House laborer
(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 was at M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. Timmons (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Spartan S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed April 2 1923 (28) Chas. Timmons 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 PLACED IN THE OFFICE OF THE REGISTRAR, THIS IS A CERTIFICATE OF BIRTH. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.