

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenwood</u>				STATE OF SOUTH CAROLINA		4474	
Township of <u>Greenwood</u>				Bureau of Vital Statistics			
or				State Board of Health			
Inc. Town of				Registration District No. <u>2306</u>		Registered No. <u>19</u>	
or						(For use of Local Registrar)	
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 <u>Mr. Walter Anderson Jr.</u>				If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>7/13</u> 19 <u>22</u> (Name (Month) (Day) (Year))			
FATHER.				MOTHER.			
(8) FULL NAME <u>Mr. Walter Anderson Sr.</u>				(14) NAME BEFORE MARRIAGE <u>Addie Kennedy</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood S.C.</u>			
(10) COLOR OR RACE <u>M</u>		(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)		(16) COLOR OR RACE <u>M</u>		(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>Greenwood Co. S.C.</u>				(18) BIRTHPLACE <u>Bradley, S.C.</u>			
(13) OCCUPATION <u>Teacher</u>				(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>1</u> <u>Miss</u>				(21) Number of children of this mother now living, including present birth <u>1</u> <u>Eight</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>6:15</u> M., on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)							
(23) (Signature) <u>M. H. Shallow</u>				(25) Address of Physician or Midwife <u>Phys. Greenwood</u>			
(24) State whether <u>Phys.</u>							
Given name added from a supplemental report				(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19				(27) Filed <u>Mar. 12</u> 19 <u>22</u> (28) <u>S. P. Brooks</u> Local Registrar.			
..... 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.

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